

New York Medical Times.

A MONTHLY JOURNAL

OF

MEDICINE, SURGERY AND THE COLLATERAL SCIENCES.

VOL. IX.

NEW YORK, MARCH, 1882.

No. 12.

ORIGINAL ARTICLES.

THE RATIONAL TREATMENT OF WOUNDS, SURGICAL AND ACCIDENTAL.

BY A. VARONA, M.D., BROOKLYN, N. Y.

V.

REST.

By rest we mean, Firstly, avoidance of every movement that may injure the already broken tissues. Secondly, avoidance of everything that may disturb the coaptation of the broken surfaces, be it from external or internal sources. If we wish broken muscle or broken skin to unite by first intention, without peradventure, we must keep them as immovable as we keep broken bone. The least ripple of motion is enough to destroy the delicate cellular net-work that is forming the union; and after every movement the work has to begin anew, with decreased chances of success, for the broken down cells have to be either discharged or absorbed before new ones can take their place.

Our first efforts, therefore, after bringing together a wound, should be directed towards rendering all involuntary movements, whether molar or molecular, absolutely impossible.

By molar movements, I mean the motion of the whole injured part, such as the arm or leg. This I would prevent by the application of appropriate splints, and by immobilizing the part in as comfortable a position as possible.

By molecular motion, I mean the uncontrollable movement of muscular fibres, which induce muscular tremor. This I would control by well-applied and graded pressure, by means of snugly-fitting bandages.

But I would here distinguish between graded pressure, which is one of the most wholesome devices, and strangulation, which is a most mischievous one. The first begins at the distal extremity of the wounded limb, and is carried gradually upwards and above the injury. The second is often unwittingly applied immediately over the injury, leaving the parts below free from pressure, to swell, blister, and mortify.

Or the same may be done if, on attempting to apply graded pressure, we make loose turns of the bandage below and firm ones above. It is this unskilled method of applying an initial bandage that has brought discredit on a measure that deserves nothing but praise.

There is still another molecular motion which is likely to occur in the part and disturb union if it be not checked; that is, vascular motion. We must bear in mind that the wound is an impediment both to the afflux of the arterial and to the reflux of the venous circulation; that the cut mouths of the vessels have been sealed by ligatures or thrombi, and that as blood continues to circulate in that direction with undiminished, nay, sometimes with increased vigor, if no means be adopted to prevent it there will occur both arterial and venous stasis around the wounded tissues, inducing the cellular

elements to increased proliferation, over-production and consequent retrogression.

This is, in my estimation, one of the most fruitful sources of wound inflammation, and although the graded pressure of which I have just spoken checks it to a certain extent, I consider elevation of the part more conducive to the purpose.

By elevation or suspension of the limb we check arterial impetus and favor venous dispersion. That is, we check the force with which arterial blood enters the part, by obliging it to spend part of its force in overcoming gravitation; and we add this same force of gravitation to the venous current, impelling it to disperse itself through all available channels in its forced descent, thus freeing the tissues around the wound from its unwelcome presence.

As I intimated before, if we wish to be on the safe side let us protect fractures of the soft parts from internal sources of unrest, as thoroughly as it is customary to protect bony fractures.

Now, as to the external sources of disturbance, I should say that they are just as important, if not more so, than the internal.

One of the most constant is surgical assiduity—the unconquerable desire to do something, which besets some surgeons, and of which I shall only speak just now, in the form of unnecessary interference with the dressing.

When wounds are dressed, as they have been heretofore, with a view to courting suppuration, and this occurs, as it is perfectly natural that it should, I can understand the necessity of torturing the patient by cleansing the wound and renewing the dressing every day. But when our object is to induce healing by the first intention, by the practice of the most conservative means, the dressing should not be disturbed, unless it be to add to the chances of immediate union. In fact, the ideal dressing is that which shall have been so carefully devised, and in which every emergency shall have been so accurately forestalled, that it shall not need removal until the wound shall have healed.

To those who may find fault with this plan, on the score of uncleanness, I would answer, that the end amply justifies the means; and, moreover, that in nature's laboratory there is no such thing as dirt; all things in their proper relations are clean, no matter what their chemical components may be. It is want of relationship that constitutes filth. Mud on white linen is dirt, but mud around the bulb of a tuberosity resolves itself into the most fragrant aroma.

So, if a dressing, though impregnated with skin effluvia, is accomplishing a physiological purpose better than any other that could be placed in its stead, it is in its most proper relations, and is in no way unclean.

But all external disturbances do not necessarily occur after a wound is dressed; in fact, in accidental wounds they are more numerous and more to be dreaded before the dressing. It is my belief that, as a general thing, more harm befalls the accidentally wounded between the time they receive their injury and the time their

wounds are finally dressed, than what was caused by the original accident.

Much of the evil done is caused with the best intentions. The person who, on seeing a man fall from a scaffolding or thrown from a carriage, runs to proffer his services and helps carry him into the nearest house, has no idea of the irreparable damage he may be inflicting. The necessity for rest begins so early after an injury, and unskilled interference is so fraught with danger, that I hold a man meeting with a serious accident should be allowed to lie where he falls. He should not be carried into the nearest house, but the nearest house should be carried to him—that is, as much of it as he needs—some protection from the sun or rain, if there be any, a pillow for his head, and a blanket to cover his body is probably all he will require until proper means of removal arrive.

For my part, such is my dread of unnecessary disturbance, and its consequent pain and possible injury, that I never approach an injured person with a friendly "how do you do?" but with a firm though gentle injunction, "lie perfectly still!" lest, in returning my greeting he should involuntarily do himself injury.

Then, I use my eyes and ears before I use my hands and instruments. I trust I may be pardoned for advising that when the hands be used, they be used gradually and gently. A preliminary nursing stroke far away from the injury reassures and calms the nervous dread of being hurt at the first approach. I have seen a simple fracture of the tibia turned into a compound one by an involuntary jerk of the leg, on being touched suddenly by a rough operator. A stone-cutter with a broken bone is sometimes as timid and excitable as a hysteric damsel.

It is not necessary that I should dwell upon the fact that manipulation, however necessary, aggravates an injury ten-fold.

Probing a wound is advisable only under exceptional circumstances, to ascertain the location of foreign bodies which are known to be in the wound, for instance, and even then with limitations.

If a bullet be not found at once, though it may be known to be in the wound, it should be left to itself.

As for probing a wound, as many surgeons do, simply to ascertain its depth and breadth, it is preposterous. Whether it be an inch or six inches deep, the treatment is the same. What matters the knowledge of the depth of the wound, as compared to the suffering of the victim and the possible harm the probe may inflict?

Under no consideration should a probe be passed from hand to hand, to allow every professional man present to give his opinion or satisfy his curiosity.

In fine, it is to insure rest that anesthetics are at times used in dressing fractures and other wounds. Anesthetics control muscular and nervous spasms and those other two fruitful sources of unrest, pain and anxiety.

In closing my remarks upon the subject of healthy wounds, I would say that I have purposely limited the scope of treatment to the observance of the three essential factors, cleanliness, coaptation and rest, to the absolute exclusion of all external or internal medication, because I firmly believe that no medication can improve upon the conditions of a healthy wound, and that any substance that may touch the delicate film that joins the two cut surfaces can only do it harm.

It may have been noticed that I have frequently mentioned *Carbolic acid* as a means of preparing for use many of the articles I have recommended—cat-gut, bone drains, silk, etc. Our reasons for doing so are the following:

We believe in the existence of atmospheric germs, and we believe that they are one of the sources of animal decomposition. But we do not believe that atmospheric germs *per se*, can produce decomposition or putrefaction in healthy living tissues, which it has been amply proved have the power to resist the invasion of these atmospheric germs. It is in unhealthy, degraded,

and specially in dead tissues, that these germs thrive, reproduce themselves, and create inflammatory disturbances.

It is the old story of "the survival of the fittest." Between living healthy tissue cells and living atmospheric-cells the victory is for the tissues; they can destroy myriads of vibrios and bacteria, and be none the worse off.

On the other hand, between living atmospheric germs and dead animal cells or elements, the victory is for the bacteria, and they soon thrive to such an extent that the dead tissue is turned into a festering pool of putrefaction. And such would be the fate of our cat-gut, decalcified bone, silk, etc.—which are all dead animal tissues—if we failed to charge them with a powerful germicide.

REMOVAL OF BARRIERS TO "OLD SCHOOL" RECOGNITION.

By H. M. PAINE, M.D., ALBANY, N. Y.

A short article in the *Weekly Counselor* entitled "Old School Recognition,"* embodies sentiments singularly biased in favor of rigid sectarianism. Its animus seems to spring from a point of view dating back thirty or more years. The immense strides made by the liberal party of the old-school toward freedom of medical opinion and action, are ignored. The same spirit of intense hostility is manifested toward the old school, and toward the liberal party of the homœopathic school, as that which was exhibited by allopathists toward homœopaths twenty or thirty years ago. These sentiments are apparently enunciated primarily in defence of the theories of the *single law of cure* and of the *minimum dose in practice*. Whether these theories are true or false, the party exclusiveness attempted to be established in their support is not likely to secure harmony or promote the best interests of medical science.

Some of the statements embraced in this paper are strangely absurd; others are mere fancy sketches; others still are actually untrue and convey an open insult to liberal homœopaths. As a whole, its spirit is utterly foreign to that which ought to control professional equals and earnest co-workers in a common cause for the benefit of mankind.

STATEMENTS THAT ARE TRUE.

"The tide of public sentiment has been turned away from the old landmarks, and old medicine has been, in many respects, revolutionized."

This statement paraphrased means simply that old school practice has been revolutionized by the frequent substitution of the law of similars for that of contraries; a change which is going on with gratifying rapidity.

"Homœopathy will not fall through the treachery of its professed friends, as it has not been crushed by the unremitting opposition of its avowed enemies."

Waiving the question as to who the "professed friends" of homœopathy are, the term being evidently more applicable to the dynamizationists, although intended for the low potency party, it is plain that true homœopathy is gaining ground, particularly within the ranks of the old school; the false theory of dynamization, however, is happily going to the shades.

STATEMENTS THAT ARE ABSURD.

"Its old school advocates are put to their wits' end to retain their ancient supremacy."

That the influence of homœopaths in this country in bringing about the therapeutic revolution previously described, and in controlling potent political measures in their own behalf, has been very great, is readily granted; but that the allopathic school, out-numbering us nine to one, has ever been fairly driven to the wall, is absurd.

"Such liberality *** aims to give away that which belongs to others to give or withhold."

* "Old-School Recognition." By T. F. Pomeroy, M.D., *Weekly Medical Counselor*, Dec. 7, 1881: page 147.

This we deny. Those who are practicing and teaching the mischievous and erroneous theory of dynamization have a voice in the affairs of our school, but they need not put forth pretentious claims to exclusive privileges. When they do, it is in order to inquire how and when they acquired a right to the exclusive exercise of prerogatives which belong to the school in common.

The statement that the "honor" of individuals or of the school is being sacrificed in the merest twaddle. The low potency party is as jealous and regardful of the honor, purity and reputation of the homœopathic school as is the high potency faction. Let it be remembered that, so far as I am concerned, in the advocacy of these measures, I have never recommended desertion from our own societies to those of the old school. I would support, to the fullest extent, all our homœopathic societies and institutions, except our medical colleges, of which, few, except the professors themselves, will deny that we have too many. I have advocated the removal of all barriers to recognition on the part of the old school, in order to promote free consultations at the bedside, with *humanitarian interests only in view*. If recognition to the extent of membership in old school societies follows, let it. Who will be harmed? We shall not be contaminated thereby. If we cannot maintain our principles as distinctively and even far more effectively, so much the worse for us and them.

STATEMENTS THAT ARE FANCIFUL.

"Can it be that, as its enemies claim, it has now entered upon its period of decadence, and, like other systems of medicine that have had their rise and fall, it too shall be dissipated with the medical illusions that have preceded it and remembered only with jesting and mockery?"

The force of this singular statement is made apparent by noting the point of view which prompted it. The author is endeavoring to hold on to both homœopathy and the rickety theory of dynamization—a feat which, in the light of the experience of our school, is, to say the least, one of doubtful expediency. It is like that of attempting to ride two horses at the same time. In one sentence he exults in the "universal recognition" of homœopathy, in the next he asks whether it has "entered upon its period of decadence." He has blindly followed Hahnemann into the mazy pathway of dynamization, and, believing that to be an essential element, if not the substance of homœopathy, is alarmed at the sure evidences of the early rejection of this visionary and unphilosophical theorem. He is, in the proper application of the homœopathic principle, unable to separate chaff from wheat. The good seed of homœopathy, however, is growing apace; the worthless chaff of dynamization, one of the most prominent "medical illusions" that ever took possession of the profession, will be "remembered only with jesting and mockery."

STATEMENTS THAT ARE UNTRUE.

"The final success of natural principles, as applied to therapeutic science, is almost assured by their 'universal adoption and full recognition.'"

There are two main principles in therapeutic science, *contraria et similia*. Both are natural. The principle of contraries has been applied in practice more than three thousand years; it is just as *natural* as the other, the principle of similars, of more recent history. To assume that either is unnatural, as is here by inference, is, to say the least, unwise, because untruthful. The statement that these natural principles, *i. e.*, the application of the law of similars, homœopathy, are "almost assured" or have been "universally adopted" and "fully recognized," is far too sweeping. If it is true, what is the theoretical proposition which separates the two rival schools? The two schools represent these two natural principles. If the old-school has universally adopted and fully recognized the homœopathic law of cure, the bone of contention is gone; henceforth there will be peace and harmony.

"The immutable laws of nature cannot be thus overthrown, nor the history of their successful application be expunged through the

ignorance or unbelief of those who have never yet been able to comprehend or to apply the principles upon which they are based."

This sentence deserves the severest criticism. In the first place, with regard to *ignorance*. It is not true that the low potency party of the homœopathic school are ignorant of the "immutable laws of nature," *i. e.*, the law of similars. The respected author of this statement is no more learned, no wiser, has no better or special qualifications for deciding questions involving the therapeutics of homœopathy, than his low potency associates. The members of the high potency persuasion are exceedingly prone to arrogate to themselves superiority of attainment in a practical as well as a theoretical knowledge of true homœopathy. They have apparently resolved themselves into a self-appointed corps of censors and would-be teachers, to whom the low potency party is expected to go on all fours for instruction and example. This reckless bandying of the charge of ignorance of the principles of homœopathy must cease, else its authors will not merit or receive the courtesies which prevail among gentlemen.

The author of this paper is free, if he chooses, to adhere to the worse than useless theory of dynamization, and to cast in his lot with "that faithful band who still cling to its (delusive) principles," but he has not the slightest excuse on that account for charging his colleagues with *ignorance and unbelief*.

The fact is, the theory of dynamization is repudiated by the most prominent homœopaths of the present day, men of long practical experience and of ripe scholarship, men who are in every respect capable of judging correctly because of actual knowledge derived from thorough, patient investigation. To charge such persons with ignorance of the principles of homœopathy is unwise, untruthful, and as discourteous as it is contemptible. If the defenders of high potencies are at last forced to charge those who are honest, earnest and intelligent as themselves with ignorance of homœopathy, the inference is plain, that their stock of sound argument *has run out*.

In the second place, with regard to *unbelief*. The low potency party heartily accept this charge. They acknowledge, to the fullest extent, that they are ardent and thorough disbelievers in the ridiculous theory of dynamization. They discriminate between it and true homœopathy. They *know* that it has no part nor lot with homœopathy. They *know* that it was a fanciful creation of Hahnemann, and that, from a homœopathic point of view, it has not a single redeeming feature. They *know* better than to attempt to blend true homœopathy with dynamization—two incongruous things, which have no relation, one to the other. They are unbelievers.

"We may, then, regard with almost unconcern the humiliating spectacle that recent developments . . . have forced upon our unwelcome view, a spectacle of cringing subserviency, of abject submission on the part of some for the sake of 'old school recognition,' for the privilege of being held in doubtful esteem, of being regarded with questionable favor by the adherents of an already effete, although as yet powerful and dominating, school of medicine, an esteem and a regard that cannot but be tinged with contempt, if not held with the utmost repugnance."

It is a difficult task to fairly and impartially criticize the foregoing paragraph. One is instantly impressed with its utter untruthfulness; with its sensorious superiority; with its frigidity, as if its inspiration came from the vicinity of an iceberg; with the absence of the least evidence of fraternal fellowship, and of a disposition to yield in the slightest degree to the views or prejudices of allopathic associates, in order to make use of any and all therapeutic means for the relief of human suffering.

The statement regarding "cringing subserviency" is wholly a creation of a disordered imagination. Nothing of the kind exists, and never has. When we treat old school physicians as gentlemen, with remarkably few exceptions, we receive courteous recognition in return. They meet us in consultation *as equals*; they invite us to attend the meetings of their societies *as equals*; they

ask us to join their associations *as equals*. Where is the "cringing subserviency" on the part of either school in such fraternal fellowship?

There is nothing in the least humiliating in associating, for mutual improvement, with those who are as honest, as intelligent, and as earnest seekers after truth as ourselves. This is the proper attitude of those who desire to obtain knowledge in any and every department of science. On the contrary, it is indeed humiliating to witness wise men in our school teaching and practicing, under the guise and auspices of homœopathy, the rankest empiricism—that which, from the homœopathic standpoint, is absolutely false, without reasonable explanation, and has no known principle of application. This is truly a source of humiliation, which, without doubt, our school will ere long relieve itself of.

If the attitude of the old school was, at the present time as fiercely hostile as it surely was within the recollection of many of the "old guard," would the spirit of retaliation herein exhibited prove in the least conciliatory? Would *like cure like* in this instance? Would not the rule of *contraries* prove far more effective? Would not kindness, gentleness and courtesy accomplish more than hate, jealousy and retaliation?

These censorious critics in our school need to be frequently reminded that we propose to exercise our own judgment regarding the affiliations we may choose to make; at the same time, we assure them that we have due regard for the honor and dignity of our school.

CONCLUSION.

It appears to be evident that the high potency party have held sway too long. They represent a form of medical spiritualism which is unsound in theory and very prejudicial to the interests of true homœopathy. Notwithstanding this, they are holding prominent positions in all our medical colleges and societies, and at the same time are endorsing and advocating extravagant theories which are evidently subversive of the fundamental principles of homœopathy. They have held these positions so long that they have evidently come to the belief that they alone represent homœopathy; hence, by right, are privileged to dictate to the low potency party regarding all matters involving homœopathic interests. They appear to be oblivious of, or at least ignore the fact, that this nondescript method of practice is repudiated by many of the best and wisest men in our school. They do not yet appear to comprehend the fact that the recognition and advocacy of the false theory of dynamization *must cease*; not because the low potency party desire its dissolution—but because it is the embodiment of error, and, from the homœopathic point of view, of error *only*.

This hypothetical method of practice has had its ephemeral existence, as chiefest of "medical illusions," and has been discarded by a large proportion of the membership of the homœopathic school. Every day that we allow this empirical method to be taught at our medical colleges, we are *acting a lie*! Every day that we listen to reports of these nondescript dynamic cases, at the meetings of our societies, and publish them as homœopathic, without protest, we are *acting a lie*! In the interests of *truth*, therefore, the work of elimination will go forward.

It is well that the attention of our school is being called to this important subject, and it is desirable that measures be inaugurated for the removal of all professors in our colleges who represent these obnoxious doctrines, and the appointment in their places of others who will teach sounder and more rational principles.

Dr. H. W. Taylor says: "This small society infest our colleges. They do not teach homœopathic therapeutics. Hence there is a growing demand that they be retired, and Low Dilution homœopaths be put in their places."^{*}

It will be useless to attempt the changes in the faculties of our medical colleges until after this singular form

of medical error has been openly repudiated by the homœopathic school. As the sentiments that are approved at meetings of our large associations reflect, with a good degree of accuracy, the views of a majority of the profession, the wisest course that I can suggest is, the adoption, by our State and local societies, of a declaration to the effect that all practice with potencies higher than the twelfth be classed as dynamic. To this no one can reasonably object. It does not in the least interfere with the rights or privileges of the members. It merely places, for future observation and analysis, the results of this evidently non-homœopathic method of practice in a department by itself.

This once accomplished, thereafter true homœopathy will not be cumbered by the humiliating association with that which is purely fictitious, visionary and hypothetical. The question of the *small dose* (not the minimum dose, which has been the principal disturbing element in our school), will then assume much more manageable proportions.

OLD SCHOOL COURTESY.

During a few months past, statements have been published in various homœopathic journals, setting forth the intolerant attitude of the old school, as exhibited toward one Dr. Haines, a homœopathist, of Ellsworth, Maine; and for this act of apparent discourtesy, put forth by a few indiscreet allopathists, the whole school have been unwisely held accountable. The friendly position of the liberal party of the old school, by whom such discourtesies are sincerely deprecated, is wholly ignored.

If the statement of Dr. Haines' trials is essentially correct, his experience is precisely similar to that of many homœopathists thirty years ago. At that time, such was the intense hatred of homœopathy on the part of allopathists, that practical evidences of their ill-will were not infrequent, even when homœopathists were strict observers of the code of ethics. While open hostilities were maintained there could be no thought of union. Even the most courteous treatment was as unproductive of good results as the casting of pearls before swine.

This is not the case at the present time. In many places, particularly the large cities of the East, more liberal sentiments prevail. Medical men are far less intolerant than formerly. They accord to each other the right to believe in and apply in practice any method of therapeutics extant. The largest liberty is now allowable, and is not inconsistent with the tenets of either school. This being the status of the profession, a union of effort for the advancement of medical science, and for the relief of the sick, is a matter comparatively easy of accomplishment—in fact, even now actually exists, in some places, to as great an extent as the more liberal members of the two schools desire.

One of the journals previously referred to,^{*} after briefly stating the case of Dr. Haines, concludes by propounding the following question: "We wonder what the doctor thinks of old school courtesy, and of the union of schools?"

The question involves its own answer. A union is not desirable or feasible, where the parties are arrayed in fierce antagonism. It is only practicable when opposing sects lay aside their adherence to party lines, and, at least tacitly, agree to unite their efforts for the common good of those who desire their aid.

The old school has of late years assumed a degree of liberality that appears to meet all the demands required by the true interests of medical science and of public welfare. Shall such commendable liberality be ignored because a few allopathic bigots, in an obscure town in the State of Maine, see fit to exhibit to the world their shortsighted selfishness?

This is not all, however. In all probability we have

^{*} NEW YORK MEDICAL TIMES, Dec., 1881, page 387.

^{*} Weekly Counselor, December 7, 1881, page 160.

not heard the whole story. Let us hear from the allopathic side, whether or not Dr. Haines has been careful during the past few years, to observe the common requirements of the code of ethics in his professional intercourse with his old school associates. No matter, for the present, whether they observed their own code or not: has *he* obeyed it?

It would appear that his habits in this respect must have been somewhat lax, else he would have had a few friends among his old school associates. A statement of the case from the other side is in order.

HOT SPRINGS, ARKANSAS.

By L. S. ORDWAY, M.D.

Hot Springs, Arkansas, is situated in a most picturesque gorge in a spur of the Ozark Mountains, 700 miles south of St. Louis, in about the same latitude as Huntsville, Alabama. Our altitude is about 1,000 feet—high enough to partially overcome our low latitude. We seldom have severe hot weather. A cool breeze blows all day from the south, and all night from the north, off the mountains, making the nights so cool in summer that one needs good cover at night, and can get good, refreshing sleep.

The question is often asked, When is the best time for patients to come here? Of course, those from the North escape the usual cold of that section by coming here and spending the winter, and especially the trying month of March; but if disease makes it necessary for anyone to come, there is no season when it is not perfectly healthy here.

As to conditions and diseases benefited here, I may say in a general way, *all* chronic disease, having a dyscrasia as a cause, or being aggravated by a dyscrasia, the hot water having the ability to eliminate any dyscrasia.

My idea of a dyscrasia (which is defined by Dunglison to be an evil condition of the blood) is, that it is an abnormal condition of the plasma, or of the primitive material of which the blood is made, or as some may prefer, a disturbance of the molecules of the human system.

My theory of the curative action of these waters on diseases that may come under this general type is, that the solid elements of this hot water (of which silica, in a hydrated form, and calcares are the principal) enter into the system by absorption (both by the skin and stomach) have a direct action upon this plasma from which the cells of the blood are formed; or, if this language suits anyone better, it restores the normal equilibrium of the molecular action; thus building up the whole system from the foundation stone; thus giving to many apparently hopeless cases complete restoration to health; and in cases where restoration is not complete, making life (if not positively enjoyable) more endurable.

Some may wish to know how long it will require for this curative action to take place in a given case. No reader of this article will need me to tell them that such changes toward health are, like the approach of the disease, necessarily slow.

The idea (which is certainly old school) that a few weeks here will serve to eradicate serious diseases of years' standing, has certainly not only done damage to many patients, but injured this place as a health resort. Many come laboring under that delusion, and when they find it is a delusion, and that though they are somewhat benefited (a cure began), they have not made arrangements to stay away from home or their business, and go away dissatisfied, and in many instances, cursing the springs, when the waters are not only not to blame, but would have cured them had they not been led to expect to get well in as many days, or at most, weeks, as they have been afflicted years. I do not consider it to the benefit of Hot Springs or Homœopathy for patients to be sent

here with false impressions, and because of such false ideas, go away not only blaming the springs and their physician here, but *not cured*, as in many instances they might have been, had they given the waters a fair opportunity.

Not that I believe that *all* diseased conditions that come under that general head can be cured here or anywhere. It is a lamentable fact in the practice of medicine, that frequently two cases that, to the eye of the physician, look exactly alike in everything—temperamental peculiarities and all—one will, under the indicated treatment, get well, and the other progress constantly the wrong way. Such we sometimes find the case here, but I believe in a smaller per cent. of cases than under any other treatment for similar diseases.

After stating as fully as I have above the general indications for diseases benefited here, I hardly think it necessary to individualize. But after six years' experience here, perhaps I ought to mention some of the diseases met here most frequently, and most amenable to the action of these waters; viz.: Chronic rheumatism in most all its forms is benefited here; the tendency to acute inflammatory rheumatism is entirely removed if proper care is taken in the use of the hot water; all cases of paralysis which have any form of dyscrasia for their cause; neuralgia, and all form of nerve disease; nearly all of the numerous skin diseases, especially eczema (I have seen many truly wonderful cures of that loathsome disease).

All the mucous tissues seem to be particularly influenced by these waters; hence, we find catarrh, whether nasal, bronchial, uterine, of the bladder or bowels, certain of receiving benefit here.

Cases of uterine catarrh, which are found to be tractable for a time at home, only to have the hypertrophy and induration return again after a short interval of rest, are nearly always fed by a dyscrasia. All the mucous tissues being more or less involved, a general catarrhal condition exists, which, when treated in connection with the use of these baths, yield more readily, and the effects are more permanent.

There are only a few of the more prominent conditions benefited here.

I now approach a topic which for me to handle is a delicate matter; but as it will apply to most health resorts as well as to the Hot Springs, and as no one else seems inclined to bring the point before the profession, without further apology I will do so. It is a habit the homœopathic profession (I say homœopathic, because the allopathic are more particular in this respect) have of sending, or allowing their patients to go away from home, to health and pleasure resorts without any letter of introduction or even words of advice to a physician where they are going.

I wish to say right here, it is not entirely in the interest of the physician I am writing this. Most of us would prefer that our patients should have homœopathic treatment, if any, while away from home. We know that if they fall into other hands they are most certain to receive more harm than we or anyone else can undo in the balance of their lives.

Now, at all health resorts where the bath constitutes the principal feature, 99 out of every 100 patients consult a physician. In this place (and I presume it is no exception to the rule) the patient on arriving here feels more or less at sea. They have left their doctor far behind, and about to try baths that (if here) he knows practically nothing about. They look around, and talk with their next neighbor at the first meal here, and are told that they must under no conditions take a bath until they have consulted a physician (which is good advice). "But," they say, "my doctor at home said I should continue my medicine;" or, "I do not need any medicine but to just use common sense in taking the baths." But their new acquaintance (the stranger) says that will not do, and tells him of some terrible thing that happened to some one who attempted to get on

without a doctor (and probably the truth), and immediately volunteers the information that their doctor is the pink of perfection, and that after the meal the patients better go with them and see their doctor; who, 33 chances out of 35, is old school, and 25 out of that 33 a veritable quack of the worst sort.

Your patient, thinking he or she only needs advice about bathing (and that if any homœopath is here he cannot amount to much, or you would have spoken of him), goes to the "regular," gets advice, and is told to "come in the next day," to see how the first bath agrees with them. Then it is an easy step to tell them "some organ needs a little medicine." Then a prescription, and the patient is fairly launched under a treatment he or she does not really wish, and would not have had but for force of circumstances, foremost of which was your failure to see them provided with proper credentials.

I have not drawn a fancy picture, but stated facts as seen almost every day and often complained of by the patients themselves. You all owe it to your patients going away from home for any length of time, whether sick or well, to at least give them the names of the physicians in the places they are going to. I trust no one will take offence at my plain language.

OBSERVATIONS ON A CLINICAL REPORT.

By F. F. MOORE, M. D., NEW YORK.

Twelve hundred cases of rheumatism, taken from the records of Guy's Hospital, furnish the data for a report which is published in the *Lancet* for Dec. 31, 1881. These cases had been subjected to various modes of treatment, but it appears that the report is drawn up with especial reference to the value of the Salicylates in the treatment of this disease. *The Medical News* (New York, Jan. 28, 1882), in commenting upon this report, remarks that "such a large number of cases, treated under precisely the same conditions, offer peculiar advantages for determining the relative value of the different plans of medication." Nevertheless, no conclusions of any permanent worth can be based on the report in question. It contributes nothing to our knowledge of the subject, with the exception of a few isolated facts of a wholly negative character. The patients "are left feeble and exhausted after the use of this remedy" (Salicylates). Relapses are far more frequent, and the cardiac complications are in no wise prevented. The only beneficial influence exerted by the drug is a temporary palliation of the severe pains in the joints, and this only at the expense of great constitutional disturbance.

It is surprising that the enlightened and scientific physician of this Nineteenth Century should persist in employing such fallacious and deceptive modes of research as is this "Numerical Method," so-called. The test of medical statistics has been applied again and again to the solution of therapeutic problems, always with the same barren results. Knowledge obtained in this manner is most unreliable, as, indeed, it must be, in the very nature of things. Conclusions based upon one series of experiments may, and probably will, be wholly contradicted by the very next series of cases. For example, take the result of the experiments of Dr. Keith, in relation to the Listerian method of operation in ovariectomy, as so impressively announced by himself at the International Medical Congress, recently held in London. Dr. Keith, as is well known, was the surgeon of all others who had demonstrated most conclusively, as was thought, the value of Lister's method, and hence was one of Lister's strongest followers. In closing the discussion on "Antiseptic Surgery" by the Congress, Dr. Keith said that for several months past he had "abandoned the antiseptic treatment altogether." "True," he said, "I had 80 successive recoveries under Lister's method, and stopping there, it would have been a won-

derful showing. But out of the next twenty-five I lost seven." This was a severe blow to Listerism, and staggered even Lister himself. It is a good illustration of the utter worthlessness of such illusory methods in determining the comparative merits of the different remedial measures. M. Auguste Comte, probably the highest authority on these matters, and who, from his strong mathematical bias, would naturally be inclined to favor such a form of investigation, speaks thus decidedly against its use:

"Such a method, if we may be allowed to call it by the name of method at all, cannot, in reality, be anything else than absolute empiricism, disguised under the frivolous garb of mathematics. * * * No doubt some direct experimentation, restrained under proper limits, might be of great importance to medicine as well as to physiology; but it is precisely under the strict condition that it shall never be merely empirical, but shall always attach itself, either in institution or in its interpretation, to an entire system of corresponding doctrines."

Is it not a curious illustration of the inconsistencies to which the human mind is prone, that the legitimate school of medicine, as it styles itself, while refusing all communion with that smaller body of its colleagues called homœopaths, on the alleged ground that said homœopaths adopt principles incompatible with the science of medicine, should themselves be guilty, repeatedly, of indulging in modes of study and experimentation that are most illogical and unscientific? Reform, like charity, should begin at home.

One or two comments further in connection with the above report. In all probability no two cases—much less twelve hundred—of rheumatism, or of any other disease, for that matter, ever were "treated under precisely the same conditions." Action and reaction are constantly going on between the morbid elements on the one hand, and the varying constitutional susceptibilities and peculiarities on the other. Hence, "individualization" is an essential condition of success in drug-prescribing. And be it observed, the practical application of these truths is not, at the present day, altogether peculiar to the followers of Hahnemann. The teachings of such eminent and popular writers as Ringer and Phillips have exerted a powerful influence in controlling and directing thought and practice in old school physic. These practical therapeutists do not content themselves with giving the mere outlines of drug action; they point out as well, and in a manner that would put to shame some homœopaths, the characteristic indications which should guide the physician in the selection of the remedy. They emphasize the importance of observing the aggravations and ameliorations of the symptoms in choosing the drug; conditions that constitute, as is well known, the very essence of the homœopathic art. How long will it be before the generality of old school practitioners shall give up the puerile custom of treating diseases by name, to which they cling so tenaciously, and adopt the much more exact and common-sense method so clearly advocated by Ringer and Phillips, of taking each case on its individual merits, and selecting the remedy in accordance therewith?

The homœopaths can do much to hasten the day, by developing clearly the true scientific interpretation of the law of similars. This cannot be done effectually until there is greater unity in the school. At present it is a house divided against itself. The demand is for a thorough sifting and separation of the essential from the non-essential (see excellent editorial on "Essentials and Non-Essentials," in *MEDICAL TIMES* for June, 1881), and a more harmonious working toward the establishment on a firmer scientific basis of the vital truths of homœopathy. What these vital truths are, we can best discover by laying aside pet theories and dogmas, and confining ourselves to a diligent and impartial study of facts.

MY EXPERIENCE IN THE TREATMENT OF SMALL-POX.*

By W. J. MARTIN, M.D., PITTSBURGH, PA.

My reasons for selecting the treatment of small-pox as the subject for this evening's discussion are mainly two: First, I have had considerable experience with the disease, having treated forty-six cases in the three months from October to January; and Secondly, my treatment of these cases has been remarkably unsuccessful, having lost twenty-one of them by death.

Some may think it out of place for one admitting his treatment of a disease as having been eminently unsuccessful, to select the treatment of that disease as his theme for an essay, but it may be that oftentimes as much good can be accomplished by studying and discussing our failures as by heralding abroad our successes, even though it does not gain for us, individually, as much notoriety.

In the premonitory stage of the disease the selection of the homœopathic remedy is rarely a difficult matter, and it will almost invariably be either *Aconite*, *Belladonna* or *Bryonia*; occasionally when convulsions are present *Cuprum* or *Cicuta*. The symptoms which lead to a choice between *Aconite*, *Belladonna* and *Bryonia* are too well known to all to be repeated here, and I do not see how any one could ever find it necessary to alternate one with either of the other two. *Belladonna* is generally the indicated and all-sufficient remedy when convulsions usher in the disease, as the peculiar febrile heat and cerebral congestion of this remedy are the rule, but when these are wanting and the spasms partake more of the tonic than clonic variety it has been my habit to prescribe *Cuprum*. If there is wide open eyes and staring look, with sudden, violent jerks like electric shocks passing through the body, *Cicuta* is my choice.

The spasms, fever, headache, backache, sleeplessness, etc., all disappear or are mollified *pari passu* with a full and free development of the eruption; this is the case when no medicine is given, but with our medicines we hope to hasten and assist in the development of the eruption, to reduce fever and save the patient from the dangerous consequences of excessive high temperature, such as cerebral congestion, pulmonary congestion, spasms, etc. There is, however, an exception to the rule, that the general condition is ameliorated by the eruption, and that is in the confluent variety, to which class nearly all my patients belonged.

When with the development of the eruption the patient experiences relief from all his distress, little or no medicine is required for several days; if, however, there is not complete relief, it will be found in nearly all cases that the symptoms complained of are such as languor, with indisposition to move, vertigo and faintness on sitting up, no appetite, thirst for large draughts of cool water, and constipation, an array of symptoms calling for *Bryonia*. It is during this period that throat trouble is complained of, for which *Mercury* has been my main reliance. Others, especially children so inclined, are apt to get very croupy, for which, though sometimes prescribing *Aconite* or *Hepar*, I almost always gave *Kali bi*. And I might remark here that I have come to believe that a case in which the croup symptoms are severe will be a fatal case.

About the ninth day of the eruption, when the papules are being transformed into pustules, the fever becomes very high and continues so for four days or maybe longer. This is the period of the greatest fatality, and many times have I seen the poor patient narrowly escape death from the severity of his symptoms in the initiatory stage of the disease, only as it seemed, to prolong the agony for a few days that the secondary fever might claim him for its victim. At this period *Rhus* is useful in a great many cases, the restlessness, swelling, burn-

ing and itching of the surface of the body, dry tongue and oftentimes diarrhoea and delirium, corresponding more closely with *Rhus* than any other remedy. *Rhus* failing to produce any amelioration was usually followed by *Arsenicum*, sometimes *Hycos*, or *Stram.*, according to the character of the delirium. When the tongue instead of being dry was moist, swollen and ulcerated, accompanied by more or less profuse pytalism *Merc. sol.* was given, which, whilst it covers the symptoms, also has the reputation of hastening the maturation of the pustules. All the cases in which *Mercury* was indicated recovered, but we must remember it is indicated in cases where there is salivation, and salivation is a favorable symptom in small-pox. At this time we may also find the patient having frequent, bloody, slimy stools accompanied by a great deal of tenesmus, the patient desiring to sit on the vessel a long time; here *Merc. sol.* or *Merc. cor.* will hardly ever fail to relieve.

When the eruption fails to develop into pustules, and instead thereof becomes soft and soggy with the formation of large bullæ filled with a milky or watery fluid, accompanied by symptoms of great muscular and nervous prostration, rapid and feeble pulse, rapid and oppressed respiration, diarrhoea (oftentimes involuntary), extreme restlessness, or when the prostration is excessive, lying motionless, voice husky, etc., we may find that the indications are for *Phos. acid*, *Arsenic*, or *Carbo veg.*; but my experience has been that these cases are almost invariably fatal; I say almost invariably because I have seen a few such come through on *Ara. low*; but I am convinced that it is a fatal error to give *Arsenicum* early in this class of cases; it should not be given until *Rhus* or *Phos. acid* have been tried.

Tartar emetic I found indicated in a few cases by the loose, rattling cough without expectoration, the cases, however, were not of the severer type.

Cantharis is sometimes indicated by the frequent and painful urination; it also corresponds with some of the skin symptoms, such as burning, smarting, etc. During the period of desiccation, *Hepar sulph.*, one or two doses per day, has a beneficial influence.

For the treatment of the sequelæ there are a few remedies which occupy a prominent position; they are *Sulphur*, *Hepar sulph.*, *Silica* and *Mercury*. *Sulphur* is the remedy for the boils which are so troublesome to some patients during convalescence.

Hepar, for a catarrhal condition of the larynx manifested by persistent rattling cough and hoarseness.

Silica for abscesses in various parts, and for inflammation of the joints and bones.

Merc. sol. for stomatitis, which not infrequently persists, causing great annoyance by its pytalism and interfering with the taking of solid food.

Merc. cor. in ulceration of the cornea. I have had but two cases of this very serious trouble; one recovered most beautifully on *Merc. cor.*¹² without, I think, the least trace of an opacity remaining. The other is still under treatment, though nearly well; this case progressed fairly on *Merc. cor.*, but improvement ceasing, *Sulphur* was substituted and the eye is rapidly recovering. This completes the list of complications I have observed.

The application of *Glycerine* and *Carbolic acid* four drops of the acid to one ounce of *Glycerine* during the development of the eruption, when the face is swollen and itches and burns, and of *Sweet oil* and *Carbolic acid* in similar proportions during desiccation are the best local applications I know of, and all that are necessary.

The results of my treatment at the time I commenced to write this article (the beginning of January) were so very unfortunate that I felt there must be some better treatment than I had been using. My proportions of deaths was almost, if not quite, as great as under the old school treatment, and whenever that is the case I feel that homœopathy is not being well represented. In certain complications I could see my remedies do good, as *Rhus* or *Ars.* in diarrhoea, or *Kali bi* in croup, but I must say that I failed to see in one single instance that

* Read before the Allegheny County Society, February, 1882.

any medicine I had used up to this time had any effect whatever in mitigating the disease; malignant confluent cases were made no less malignant and confluent and no less fatal. The cases that were semi-confluent and discrete did well enough; they ran a natural course and recovered, and most, if not all of these, I dare say, would have done about equally well without medicine. It was at this time and for these reasons, that I determined to try different treatment, and from that date (January 5) to the present, all cases of small-pox under my care have been treated with the same medicine—though I believe there are some in our school who deny to the stuff the right to the name of medicine, and I have been one of the foolish ones having a meaningless antipathy and disdain for the remedy, which caused me to refrain from using it. In fact, I did not carry it in my case, had no respect for or confidence in it, or in the published accounts of it, thought those who extolled the remedy and said that all stages of the malady are shortened and the disease rendered mild and harmless, were “cranks.” The remedy I refer to is *Variolinum*, and my determination to use it were materially strengthened by the experience of my neighbor, Dr. Miller, with the remedy, and subsequently by that of Dr. Rinehart, to whom I am indebted for a supply of the sixth trituration (Boericke & Tafel's), since using which I have not lost a single case. During the month of January just past I treated thirteen cases of small-pox, to all of whom I gave *Variolinum* and nothing else (except, of course, during the premonitory fever before the real nature of the disease could be determined with certainty), and all except one recovered, and this fatal case was a weakly girl just recovered from an attack of cerebro-spinal meningitis. One death out of thirteen cases is equal to a little more than three in forty-six, whereas out of the forty-six cases treated before January, when *Variolinum* was not used, I had twenty-one deaths, or nearly one-half of the cases treated. And this wonderful reduction in death rate was not the only improvement following this (to me) new treatment; the course and character of the disease was modified in such a marvelous manner that were I a believer in things miraculous I should feel like claiming for this remedy miraculous powers—taking it that a miracle means the changing, altering or suspending of a natural law or process. I had thought that it was the natural course of small-pox to occupy a period of nine days in the maturing of the pustules and for that event to be accompanied by a feverish condition, and oftentimes fatal to life (I am referring now to confluent small-pox). And I believed, and my experience had confirmed my belief, that all that our medicines could do, and all we should expect them to do, was to exercise a modifying effect, to moderate temperature, to quiet delirium, check diarrhoea, etc. But since using *Variolinum* I have witnessed the very worst cases of confluent small-pox recover without any secondary fever. In nine days, and even less, from the date of the appearance of the eruption the pustules not only had matured, but desiccated, and the patient sitting up—no secondary fever, no delirium, no diarrhoea, very little soreness of the throat, and if an occasional patient complained greatly of the soreness of the throat and difficulty of swallowing, or of looseness of the bowels, the continuance of the remedy was followed by relief.

My experience with this remedy in the treatment of thirteen consecutive cases, ten of which were confluent, the other three being semi-confluent, is summed up in the following, which I take from Lillenthal's Therapeutics, every word of which I can vouch for as being true; “Given steadily during the disease it will run a milder course, imperfect pustules changing into regular ones which soon dry up, it promotes supuration and desiccation and prevents pitting.” The form in which I prescribed the remedy was one or two teaspoonsful every three hours of a solution of one grain of the sixth trituration in a glass half full of water, continued day after day until well. Occasionally this treatment was fol-

lowed up by a few doses of *Hepar sulphur* where abrasions, due perhaps to scratching, remained and were slow to heal.

It may be said by some that my results with *Variolinum* would not have been so good in the beginning of the epidemic, and I admit the force of the remark, for I know full well that it is in the early part of epidemics of all kinds that we meet with the greatest number of severe and fatal cases, but I know also that we meet mild cases at the beginning and severe ones all through epidemics, and also severe as well as mild isolated cases. There was just the same number of deaths from small-pox reported to the Board of Health during January as during the previous month. I reported one death from small-pox in January and nine in the preceding month. After calmly reviewing in my mind the cases as I remember them, I do not think that I have given to *Variolinum* more praise than is its due, and sadly regret I did not use it in the first part of the epidemic. I will close this rambling and disconnected dissertation, put together piece-meal as I could snatch the time from duties more imperative, by quoting the words of J. B. Bell, M.D., which though applied by him to *Psorinum*, apply equally well, I think, to *Variolinum*, “Whether derived from purest gold or purest filth, our gratitude for its excellent services forbid us to inquire or care.”

DISCUSSION.

Dr. Edmundson: Did the eruption in the confluent cases which are mentioned, extend over the entire body?

Dr. Martin: In three cases it was over almost the entire body. Where cases start out with the rash resembling that of measles, the general observations have been that such cases will be of the confluent variety and the pustules will be slow in forming. In my own experience cases starting in this way were almost always fatal before I began the use of *Variolinum*; but under its use the pustules formed quick and the course of the disease seemed very much modified.

Dr. Edmundson: I had three cases in one family which began in this way, but they all recovered. Whiskey punch was freely administered until the eruption was well out. *Bry.* was the main remedy used, with the addition of *Kali bi.* for croupy symptoms. During my absence from the city, *Lycopod.* was given to the mother, by the physician in charge, for gastric symptoms, and they were promptly relieved. I have not had any experience with *Variolinum*. The cases are lighter than in the earlier part of the epidemic, and this may explain the successful result under this drug. Even those of a confluent form seem to run a milder course. I have also noticed that in cases where the eruption came out profuse and the skin remained dry (where not covered with pustules) and there was an old wrinkled look about the skin, together with diarrhoea, pulmonary troubles, gastric disturbances, aversion to and rejection of nourishment, etc., a fatal result would almost invariably follow.

Dr. Childs: Dr. Edmundson says the cases are all lighter, although promising in some cases to be severe. Is this not due to better hygienic care and attention, the result of experience in the disease, or to a more extended knowledge of the disease by the physicians themselves?

Dr. Edmundson: I do not think this is the case. The cases themselves are certainly lighter. My own treatment has not varied from that laid down in the early portion of the paper. I do not know what my percentage of deaths was. I have treated about eighty cases, but in several cases, although death occurred while under my care, yet I had only been called in a few days or hours before the fatal termination, and they ought not to be counted on making up the mortality.

Dr. Fulton: I would report one exception to the rule in those cases where there is the measles-like rash before the appearance of the variolous eruption. In this case

the disease assumed only a varioloid form. The measles-eruption was out for two or three days before the variola declared itself.

Dr. Edmundson: I have seen this measles-rash in several cases of vaccination. In one case it appeared about the ninth day, and was accompanied with high fever, delirium, temperature 103.5°, but in a day or two these conditions disappeared. After two or three cases I was prepared to quiet the alarm in the attendants.

Dr. Martin: I do not think the cases were any lighter in January than in December, at least on the south side. I know of one family, consisting of five persons, where the disease removed every member. At the same time I am willing to admit that the disease is lighter than at the start. (Out of the 110 deaths reported for January thirty-six occurred on the south side, besides the proportion from this district which may have been included in the mortality of the pesthouse.)

Dr. H. H. Hofmann: I used *Variolinum* thirty years ago, but did not see any benefit from it. I triturated the crust myself and gave it in the third trituration. In one epidemic there were three or four members of one family had the disease, and not one of them had been vaccinated. They were not willing for me to vaccinate the baby, so I gave it *Sarracenia* as a preventive. The child was attacked but in a very mild form. Since then I have given it, but without any result. Some years ago I used the *gray ointment* and simple *Cerate*, one part to three, but having had several cases of noma follow its use I gave it up. I have also seen one case occur where this ointment was not used. The disease invaded almost the entire mouth spreading out upon the chin. (See also *TIMES*, Vol. IX, pp. 289-292.) T. M. S.

CEREAL FOODS UNDER THE MICROSCOPE.

In *Gaillard's Medical Journal* for January, Dr. Ephraim Cutter, having been requested by the editor to examine, microscopically, all of the advertised cereal foods, for the purpose of demonstrating "the unquestionable truth in regard to their exact value," reports the results of his labor, which occupied a period of eight months. They disclose facts of great interest and value, not only to physicians and their patients, but to the community at large. The article is illustrated by 28 microscopic photo-engravings, and presents the whole subject without compromise, and in the clearest possible light.

Dr. Jacobi, who is an authority on the subject, said in his address before the State Society that it was a fact that, in New York, twenty-eight per cent. of the children die during the first year of life, and that from forty to fifty-three per cent. of these perish from disease of the organs of digestion. The importance of selecting a food easily digested, and which will prove nutritious to infants, is appreciated by the practitioner who has to do with the rearing of children, and he will welcome any experiment which will throw light upon this subject.

We are glad to see that the microscope has confirmed our experience with "Mellin's Food," as one of the most valuable of nutrients, for we have rarely met with a food which gave so universal satisfaction. We have also found the "Flour of the Entire Wheat" as ground by the Franklin Mills, Lockport, N. Y., a most valuable food for infants as well as the best cereal food for adults. This flour of the whole wheat is the nutrient *par excellence*, and should supplant the ordinary white flour—which contains starch alone, and consequently imperfect as food—in our daily consumption.

The importance of this subject of a suitable flour for our daily bread, is thoroughly unappreciated by the profession as well as by the general public, and some means should be employed to bring the matter intelligently to the attention of both.

We append a brief summary of the decisions arrived at in the case of all the articles subjected to Dr. Cutter's test, merely premising a fact well known to every intel-

ligent physician; viz., that the value of any cereal food is directly proportioned to the amount of *gluten* it contains.

1. Imperial Granum Food. Ranks only with common flour.

2. Ridge's Food. Contains no gluten cells. Not up to the standard of common flour.

3. Horlick's Food. It approaches common flour.

4. Mellin's Food. Stands high on the list. With the full proportion of gluten cells added, it would be faultless.

5. Gluten Flour of N. Y. Health Food Co. Cannot be distinguished from wheat flour.

6. Gluten Flour. Only 70 gluten cells found.

7. Franklin Mills Entire Wheat Flour. The best flour examined. Produces a light and spongy bread. A reliable infants' food.

8. Arlington Wheat Meal. A pure Graham meal; rich in gluten, and in all the elements of entire wheat.

9. Crosby's Brain and Nerve Food. But little, if any, gluten in this food. If it contains "vitalized salts," in the proportion claimed, then all the foods herein described are "vitalized" also.

10. Blanchard's Glutena. Only 10 per cent. of gluten; the reverse, exactly, of the claim made for the food.

11. Blair's Wheat Food. No gluten cells.

12. Nestle's Milk Food. Contains an abundance of oil globules. There is milk in it but no gluten.

13. Anglo-Swiss Food. A milk food, with some gluten and cooked starch.

14. Baby Sop. Made of unhulled oats, malted and crushed. Contains all the elements of the oat; an abundance of gluten.

15. Redmond's Cerealine. Only 50 gluten cells could be found. Claims of superiority not sustained.

16. Durkee's Glutena. Gluten cells not detected.

17. Farwell's Gluten Flour. Hardly any gluten cells found in it.

18. Victor's Baby Food. Is like cracker and biscuit all ground up. Only one gluten cell discovered.

19. Bermuda Arrowroot Starch. From the pure and genuine Bermuda arrowroot.

20. The Pure Bermuda Arrowroot of Taylor Brothers. The claim of purity is comical indeed.

21. Minnesota Surprise Flour. No gluten cells. More granular gluten than is found in ordinary flour.

22. Hubbell's Prepared Wheat. A few gluten cells. Not up to its claims.

23. Mothers' Cereal Milk Substitute. A good preparation, containing gluten cells and gluten granules.

24. Hawley's Liebig's Food. A good food, and its claims are sustained.

25. Cold Blast Flour, N. Y. Food Co.

26. Barley Flour, do., do.

27. Buckwheat Flour, do., do.

28. India Wheat Flour.

29. Lost Nation Wheat Flour.

30. Common Minnesota Wheat Flour.

31. Hazleton Flour.

32. Puritan Flour.

33. Patapasco Flour.

34. Underwood Flour.

35. Fine Granulated Wheat Flour. Contained 30 gluten cells.

36. Gerber's Food for Infants and Children. Seems to be crackers ground.

37. Gerber's Milk Food. No gluten cells.

38. Keasby & Mattison's Infants' Food. Contains no gluten cells.

39. Savory & Moore's Food. Appears the same as common flour.

40. Meade's Mulled Wheat Flour. Preparation good, and deserves support.

Contain
no
gluten.

NERVE-STRETCHING has been abandoned by Billroth after a fair trial. It has not seemed to make a favorable impression in Vienna.

"PASTEUR'S FLUID," FOR FUNGIOULTURE.

BY JOHN C. MORGAN, M.D.

The recent labors of Professor Pasteur, and others, in fungology, and in the study of *Contagia*, have aroused a new interest in the subject of *Fungiculture*, and in this department of microscopy. Various media are employed for this purpose, such as filtered soups, and, not least, the "Pasteur's Fluid." It is not convenient for the amateur, nor for the busy physician, to prepare, at the very moment when he wants to use it, a suitable quantity of this somewhat elaborate compound; hence, it would be desirable to keep the combined solids at hand, in a bottle, ready to be weighed out on prescription-scales, for solution, as wanted. A full-sized, two-ounce vial, corked—or, better glass-stoppered—completes, then, the means of preparation. To still further abbreviate the process, a wooden pill-box, of $\frac{1}{4}$ oz. capacity, may be used for measuring—instead of weighing—the dry substance, first razeing the box to the level of a primarily-weighed test-portion, and attaching to the bottom, by small tacks, a short pine handle. Any apothecary can readily make and keep on hand this dry preparation. The following recipes sufficiently follow the original metric formula. In it the solids constitute about 16 per cent. of the whole:

PASTEUR'S FLUID.

B—Magnes. sulph.,	}	āā	grs. ij.
Calcis phosph.,			
Potass. phosph.,			᠔j.
Ammon. tart.,		3 j.	᠔j.
Sacch. alb.,		᠓ij.	3 j.
Aque,		᠒j.	f ᠓ij.

M—sec. art., ft. sol., et
Signa, Pasteur's Fluid.

Keep in a clean champagne bottle, well corked, and in a cold place. Renew frequently.

THE DRY PREPARATION.

B—Magnes. sulph.,	grs. x.
Calcis phosph.,	grs. x.
Potass. phosph.,	3 j. ᠔j.
Ammon. tart.,	3 ij. ᠔j.
Sacch. alb., (av'd's) lb. j.,	3 j.

M.—sec. art., et
Signa, For Pasteur's Fluid.

To prepare, weigh out, or measure, as above, put into a 2 oz. vial 3 ij., ᠔ij., and add water to fill the vial.

DUBOISIA IN OPHTHALMIC PRACTICE.—Dr. S. Theobald (*Maryland Med. Jour.*, Sept. 15, 1881) reports a case in which alarming constitutional symptoms followed the instillation of a four-grain solution of *Duboisia* into each eye, for the purpose of paralyzing the accommodation. This occurrence suggested an inquiry as to the proper strength in which the remedy should be employed. Dr. Theobald's conclusions from his own experience, may be briefly summarized as follows:

Duboisia is much more apt to occasion unpleasant constitutional effects when applied to the eyes than atropia.

It is more likely to affect the system when applied to non-inflamed eyes, for the purpose of facilitating tests for errors of refraction, than when used in cases of iritis, keratitis, etc.

A two-grain solution will usually produce complete paralysis of accommodation.

The effects of *Duboisia* upon the ciliary muscle are felt most profoundly two or three hours after its application to the eyes; less profoundly after the expiration of ten or twelve hours.

The unpleasant effects of *Duboisia* upon the system manifest themselves within one hour after it is applied to the eyes.

CLINIQUE.

SURGICAL CLINIC AT THE NEW YORK HOMOPATHIC MEDICAL COLLEGE.*

BY PROF. WM. TOD. HELMUTH, M.D.

The first case, gentlemen, is a young man, C. W—, age 23.

Two years ago, he says, in carrying a heavy weight, he sprained his wrist. A short time after this an abscess formed over the lower third of the ulna, followed by sloughing of the soft parts, leaving the bone exposed. He suffered a great deal of pain, which was markedly worse on motion. He was treated for erysipelas by an old school physician, who also lanced the abscess, from which discharged a bloody, sanious pus; the periosteum is entirely gone from the lower portion of the ulna, leaving that bone exposed. It is of a bluish black color and so loose that I can easily move it with a pair of forceps. The diagnosis is of course easy; that is, necrosis resulting from a sprain. While the patient is being etherized we will inquire into the causes and morbid processes which lead to his condition.

We have here what is called necrosis of bone. There are two varieties of death in bone—caries and necrosis. The two names are often confused but they should not be, because they denote two quite different processes.

Caries is the molecular death of bone, and is, as was long ago described by Galen, analogous to ulceration of the soft parts.

Necrosis, on the other hand, is death *en masse* and resembles more nearly gangrene of the soft parts.

In caries, nutrition is impaired, and an irregular action disunites the elements of bony structure, which consequently suffers a loss of substance. In necrosis, on the contrary, the vitality and the nutritive function cease altogether in certain portions of the bone, the separation of which then becomes indispensable.

The cause of caries may be an injury to the part, but the most frequent producers of the disease are constitutional, as syphilis, scrofula or abuse of *Mercury*. Necrosis may arise from injuries.

When a portion of bone dies the circulation stops and Nature makes an attempt to cast it off the same as any other dead part. The sequestrum, as it is called, acts as an irritant and sets up inflammation and suppuration and the portion becomes separated from the living bone. Also an exudation takes place from the periosteum and it may envelop the sequestrum, but as the suppurative process is going on at the same time outlets for the pus are left through the walls of the involucrum. These openings are called cloacal.

This exudation underneath the periosteum forms the new bone, and when it envelops the slough it has to be chiseled through in order to allow the removal of the dead portion.

In the present case, however, it will not be necessary to do this as the bone lies so exposed. The sequestrum in this case, you see, is much discolored; this is due to long exposure to the air and to the discharge.

In operating for necrosis, and in fact in all bone operations, it is best to use the Esmarch bandage, which is made of India rubber.

This is applied by beginning at the extremities and winding it around the limb, allowing each wrap to lap over the preceding one a little. It is carried up to above the place upon which you wish to operate and there fastened either by tying the bandage itself or using a little instrument which has been devised for the purpose, which I here show you. It is well in purchasing these bandages to procure only those made from *pure* rubber, as those with the webbing are liable to become rotten from the blood which gets on them after a few

*Reported by Sidney F. Wilcox, M.D., Oct. 15, 1881.

times using, and breaking at a most inconvenient moment, sometimes cause much trouble. This has happened to me several times. Once when amputating a shoulder. Even the pure rubber band is liable to lose its elasticity, if it is left long without being used, so it is well to have it stretched occasionally.

This method of artificial scæmia is called the bloodless method of operating. This is true as far as the operation itself is concerned, but after ligation of the principal arteries and the loosening of the bandage there is a good deal of oozing and sometimes considerable spouting. Occasionally it happens that there is a venous flow which is not checked by the bandage; and as the pressure of the bandage prevents the venous return as well as the arterial supply, it sometimes happens that the tighter the bandage is drawn, the more the wound oozes. I was once called in great haste by two surgeons who had performed an operation but were unable to control the bleeding. They kept continually tightening the Esmarch, but still the oozing continued. I removed the bandages entirely and after a few moments the bleeding ceased.

Other objections to the Esmarch bandage have been brought forward, as the paralysis of certain nerves which have been caused by long continued tight compression, and the driving back of pus into the system; but I think these accidents happen so seldom that when contrasted with the greater safety and ease of operating with the bandage, they do not amount to much.

(Patient is brought in and the bandage applied.)

I propose to operate to-day according to Lister's method, in order that you may see this popular method, of preventing septic infection. Our instruments have been lying in a solution of carbolic oil $\frac{1}{10}$, the sponges in a solution of carbolic water $\frac{1}{10}$, and we have a spray apparatus going with a solution $\frac{1}{10}$, as well as a steam kettle with a solution of equal strength. The spray and steam apparatus have been going for some time in order that the atmosphere might be thoroughly disinfected from all poisonous germs which might otherwise get into the wound and infect it.

There is much doubt to-day concerning the practical benefit arising from the application of this method of so-called "Listerism," many prominent surgeons disclaiming its efficacy altogether. The spray is the most strongly opposed, and Mikulitz, of Vienna, has lately written an article in which he claimed that germs are caught by the spray and swept into the wound instead of being kept out.

However, this matter has not been fully decided, but in time will reach its level, like everything else in medicine. It is claimed by many of the opposers of "Listerism" that the good results which have come from its use have not arisen from the use of *Carbolic acid*, but from the extra cleanliness which it is necessary to observe in order to carry out Lister's idea.

The sprays will be kept going over the wound during the operation, and the assistants and myself will keep our hands constantly carbolicized. The operation in this case will be very simple, as the bone is so much exposed and so easily movable. I make an incision (operating) along the edge of the ulna, down to the wrist joint, and another up to within an inch of the elbow, and loosening the surrounding tissue, I easily lift away the necrosed bone with a pair of forceps, as you see. Underneath I find the new bone, restored to a large extent, and undoubtedly the patient will have complete use of his arm. We will pack the wound with marine lint, over this we will put eight layers of antiseptic gauze, outside of this a piece of carbolic oil silk, and over this a roller bandage.

CASE II.—Ann D.—, married. About one year ago this patient noticed that her right breast was gradually enlarging, and it finally became very painful. She says its appearance was due to her husband carelessly hitting it with his elbow while asleep. She complained much of stinging pains in it.

The breast is somewhat enlarged, and the tumor hard and elastic, but presenting soft spots which fluctuate. One of these soft spots or cysts seems to be pointing toward the surface, and it is slightly reddened. We will introduce the needle of a hypodermic syringe and draw out a portion of the fluid.

Anatomically, tumors are divided into two classes, homologous and heterologous: the cells of the former resembling cells found in the adult human body, while those of the latter resemble none of the cells found in the adult human body but those of the embryo.

Some pathologists have attempted to so classify tumors that they may be homologous in one part of the body and heterologous in another, according to the kind of tissue in which they are located. As, for instance, a fibroid attached to a bone would be heterologous, while, if attached to some other structure, it would be homologous. This classification, if adopted, would give rise to a great deal of confusion, as can readily be seen, and I prefer the division I have already given. Farther than this I think it a mistake to divide tumors anatomically, or according to their microscopical appearances, because the pathologists of different countries all adopt different classifications. A few years ago it was thought that every tumor could be diagnosed by the microscope, and that all one had to do was to put a section of the tumor upon the slide of the microscope and look at it in order to be able to tell exactly what it was. But there are several difficulties in the way. First. One must be a skilled microscopist. Second. He must understand, and be able to recognize at sight, all the different varieties of healthy and diseased tissues; and Third. He must have the tumor out before he can cut a section of it under the microscope. There must be an exception made in case of ovarian or tumors of the broad ligament and some of the cystic tumors, for here a portion of the contents of the tumor may be withdrawn and examined. But with the exception of such ones the microscope is of little or no use until the removal of the tumor. Therefore, I hold that the clinical classification of tumors is of more value than the anatomical. Tumors are clinically divided into two classes, the malignant and the non-malignant. The first being such as show a tendency to infiltration and destruction of the surrounding tissue, and which return after extirpation. The non-malignant are such as do not return after extirpation and do not show a tendency to infiltration and destruction of the surrounding tissue. A third division, called the semi-malignant has been made, and I have taught this in my lectures, but in the light of my own clinical experience, I feel obliged to give it up and include those tumors which formerly fell to this class in the malignant, for I have never found such tumors to be non-malignant, but they always return after extirpation, and eventually kill the patient. This tumor, which is, as I before remarked, a *fibro-cystic tumor*, is classed as one of the non-malignant varieties, and after extirpation will not return.

It is true that a fibroid may become inflamed and break down, and that there may sometimes be considerable hæmorrhage in consequence, but a fibroid does not infiltrate or destroy the surrounding tissue, and they are often tolerated in the body for many years with no other inconvenience than arises from their weight.

The only difference between a fibroid and a fibro-cystic tumor is that the latter is simply the former with the cysts which form by the separation of the fibres of the tumor. These cysts usually have a capsule which is very thin and easily ruptured, and which it requires great care to dissect out whole. On one or two occasions I have found the cyst walls very thick, but that is very uncommon. The character of the fluid in these cysts is usually semi-transparent; it may be yellowish and slightly viscid.

The best remedy in such cases, I think, is complete extirpation, which we will now proceed to do in this case. (Patient brought in etherized.)

I will operate under the spray, as before. First. I

will mark out with a slight superficial incision; this will be the line for my deep incision. Then, as rapidly as possible, I will cut out the tumor, going down to the pectoralis major muscle, and, as soon as the tumor is removed, the assistants will cram the cavity full of sponges, and then removing them carefully, one by one, catch the vessels as they are seen spiriting. (All this is done.)

Next, after the oozing is completely stopped, I will bring the flaps together and sew up the wound with silver wire sutures. We hope to get healing by first intention, though we are sometimes disappointed.

The wound will be dressed antiseptically, like the other.

INTERESTING CASE OF ATTEMPTED SUICIDE.

By C. SPENCER KINNEY, M.D.,

Assistant Physician State Hom. Asylum for the Insane, Middletown, N. Y.

The following instructive case from practice comes to us from Dr. J. S. Walters, East Berkshire, N. Y., concerning his treatment of his son-in-law, who made an attempt at self-destruction, but whose life was saved by the prompt action of the young man's wife together with that of Dr. Walters. It well illustrates the adage, "While there is life there is hope."

The patient was admitted to the Middletown Asylum November 8, 1881, at which time, with the exception of about a quarter of an inch, the wound was entirely healed.

We may add that the patient is now doing well, and will in all probability be able to return home in the spring.

HISTORY OF THE CASE.

On the 19th and 20th of last August, F. L. L. was overcome by the heat, and suffered for the time being with a partial sunstroke; and for three or four weeks he was confined to the house, most of the time in bed, during which period he was much depressed, but gradually he began to improve both physically and mentally.

On the 7th of October, after eating his dinner at about one o'clock, he obtained his razor and went to the barn, as he said, "to feed the horse." He was followed by his father, who found him on the hay mow with the razor in his hand. He called for assistance, but before he could be prevented he had cut his throat—as was afterwards discovered, the razor passing directly under the hyoid bone, without touching the thyroid cartilage, severing the larynx entirely in two and the pharynx with the exception of about three-fourths of an inch on the posterior part.

With assistance he was conveyed to the house, where his wife heroically filled the gaping wound with cotton, and wound a sheet around his neck, and kept him quietly on the bed.

Drs. Gay and Eastman, of Berkshire, and Bishop, of Newark Valley, as well as Dr. Walters, were at once sent for. Dr. Walters being in Owego, did not reach his son-in-law until 6:30 P.M., when nothing had been done towards removing the bandages or redressing the wound.

Dr. Walters alone believed that the wound should be sewed up, and with the assistance of a neighbor, aided only by candle light, he undertook the task. He succeeded in clearing the wound from clots without producing very much extra hemorrhage. He then placed two sutures through the larynx, bringing the cut edges closely into apposition; the outside cut was over six inches in length; in this he put 17 stitches. After completing this he had compresses wet with cold water, in which there was a small quantity of Carbolic acid, kept on the wound during the night, removing the cloths as soon as they became warm. The next morning the wound showed evidences of healing by the first intention.

No record of his pulse or temperature was taken at the time, but on October 10 his pulse was 110; on the 11th it was down to 90, and for eight days after his attempt on his life no medicine was given him but *Aconite*. No effort was made to feed him until Sunday after the operation was performed. Dr. Walters then took a No. 10 gum elastic catheter and softening it in warm water passed it through his mouth down his esophagus, and then, attaching a common syringe, pumped into his stomach one quart of sweet cream and the whites of four eggs; continued this feeding, together with occasional beef tea, until October 17, after which he was able to drink liquids by exercising care. From that time he has been constantly gaining in physical strength, although during the early portion of his recovery he suffered from melancholia, in which condition he was admitted to the Middletown Asylum.

SELECTIONS FROM GERMAN JOURNALS.

By F. G. OEHME, M.D., TOMPKINSVILLE, N. Y.

SECALE CORNUTUM IN PARALYSIS AGITANS.

A farmer of 55 years, formerly hard drinker, had, 16 years ago, a severe catarrh of the stomach, which was cured by *Plumbago* z. The present disease commenced about a year since. Stout frame of body, haggard face, sallow complexion, eyes and mouth always full of water. Speech indistinct, perhaps in consequence of a singular trembling of the lips; a similar trembling of the swollen eyelids. Frequently burning in the stomach; also heaviness, improved by eating. A long time after eating, eructations often bring up undigested food. The bowels are alternately loose or constipated. An unbearable crawling sensation on the whole back and limbs, but especially in the ends of the fingers and toes; the same sensation also in the fauces. The trembling and jerking worse on the left side, especially in the left arm, which moves considerably, and without intermission. Beating in the left shoulder, as if a heart was there. The skin is always dry. In the morning, on awakening, he has a kind of fever, with shaking for two hours. Is very low-spirited or in very great anguish; has had much depressing trouble lately. He cannot bear to be in a physician's ante-room, waiting for his turn; is impelled to go out. *Plumb.* and other remedies ineffectual; also *Secale* 30. *Staph.* 10 improved the stomach symptoms. The trembling and jerking worse. *Secale* 10, one dose every week, cured in four weeks.—*Alg. h. Ztg.* 103, 83, Kunkel.

CUPRUM IN A NERVOUS AFFECTION.

A boy of four years, whose father and grandfather are subject to asthma, is very irritable, and is thrown into violent passions upon the slightest provocation. For about the last two years he suddenly awakes at night with loud crying, lasting often an hour. All attempts to pacify him are ineffectual, and the different members of the family disagree regarding the screaming, whether it is crossness or disease. Inclination to constipation; all other functions normal. For the last eight days these attacks have grown much worse. The irritability is extraordinary. When excited, violent oppression (in the chest), with intense redness of the face, raising of the arms, and inability to speak or swallow. As soon as the attack is over, and the power of swallowing returns, he drinks greedily cold water. Jerking of the lids of the left eye, with blepharospasmus and photophobia during the attack and at other times. No jerking of the limbs. A singular dread of people; will not go near a body of men. Nights exceedingly restless. *Cupr.* 30, one dose every night, improved at once; *Cupr.* 10, one dose a day, cured.—*Alg. h. Ztg.* 103, 99, Kunkel.

DEAF-MUTISM is found in one case out of 19 marriages when both parents were deaf-mute, in one case out of 130 of one parent only being deaf-mute, in one case out of 6,000 of both parents hearing well.

New York Medical Times.

A MONTHLY JOURNAL

OF

MEDICINE, SURGERY, AND COLLATERAL SCIENCES.

EDITORS:

EGBERT GUERNSEY, M.D.

ALFRED K. HILLS, M.D.

Business Communications should be addressed "Publishers, 18 West Twenty-Third St.," and Checks, etc., made payable to the NEW YORK MEDICAL TIMES.

Published on the First of each month.

Office, 18 West Twenty-third Street, New York.

NEW YORK, MARCH, 1882.

"A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and ought to be the ONLY ACKNOWLEDGED RIGHT of an individual to the exercise and honors of his profession."—Code of Medical Ethics, Amer. Med. Ass., Art. IV., Sec. 1.

THE OLD AND THE NEW.

The important airs which some of the old school assume in discussing medical ethics, and the reasons they give for at last bending to the inevitable, deceive no one. They have stood in the way of progress in therapeutics just as long as they dared, and have cracked the whip of medical exclusiveness and sectarian bigotry, until at last it has dawned upon their minds that they have frightened no one, but have aroused a feeling of contempt for their course among all frank, honest-thinking men, and what is more to the purpose in bringing them to their senses, are interfering with their own bread winning. We have now specialists in every department of medical and surgical practice equal, if not superior, to their own and the majority of our physicians are quite as well versed in the practice of the old school as they are themselves. On their shelves will be found the works of the leading writers and on their tables the best of the old school journals. With a broader experience and a wider range of thought, is it any wonder that their clientele is mostly among the intelligent, the cultured and refined; and is it any wonder that the old school, with a shrewd eye to the dollars and cents, are beginning to appreciate the fact that in the future sectarian utterances and exclusiveness in medicine will not pay? We welcome them upon that broad and liberal ground upon which our school has always stood, and are rejoiced that they have at last lowered the flag of sectarianism for that of Physician.

In abolishing their exclusive code of ethics and throwing wide open the doors of consultation with all intelligent and regularly educated physicians, they have benefited themselves more than any one else, and taken a great step in advance. It is a pity this step could not have been taken more gracefully, with fewer insolent sneers at homœopathy, more in the spirit of true science, and with a frank and manly confession of what the medical world owe to a school which, notwithstanding the bitterness and intolerance of the dominant power, which forced it for self-protection into an organization of its

own, has worked all this wonderful change and leveled with the lever of truth the whole medical profession.

Homœopathy has never aimed to create a distinct system of medicines, and in no sense of the word has it ever been exclusive or sectarian. It has claimed that the testing of drugs upon the human organism, thus giving us a pathological picture of drug action, and the application of drugs in accordance with the principle of *Similia* has opened an immense field for the curative action of medicines and pointed out and carried into practical success a line of scientific investigation in therapeutics. The whole medical profession, guided by the light of our investigation, are learning, and putting into successful practice, the fact that the curative action of remedies are better obtained by giving them in small but appreciable and oft-repeated doses than in the massive drugging and violent treatment of previous days.

The frank, honest and manly course would be, while disregarding the vagaries which have hung like a cloud about homœopathy, or clung to it like barnacles, but which any intelligent investigator would readily see are neither the outgrowth or have any connection with the great central principles, to admit the benefit which the medical profession has received from the patient investigation and herculean practical labors of honest men in our school, who, during the past century, have really kept in advance of them all, in the line of medical thought. Every day, in the leading medical journals of the old school, we read of wonderful discoveries made in the action of drugs and in their administration which are as familiar to us as the A B C of the alphabet. Little cases are carried in the pockets, parvules and tablets are used with the most wonderful success, and all the time they insist that this entire change in their treatment, that this new light in the action of drugs which has dawned upon them like a resurrection, has no connection with homœopathy, but is simply an evolution of medical truth—not homœopathy, and for which that school, which they so long tried to keep under the iron heel of their power, shall receive no credit. *Similia* is given a *nom de plume*, "the antagonism of drugs," or anything else which will keep out of sight the hated school which has been fought with such bitterness, which has been met with ridicule and contempt rather than argument, but which has quietly pursued its way, winning public confidence and respect, taking each year a firmer and stronger hold upon the public heart until the victory is won. It is true, there are many in the ranks of the old school who do not hesitate to quote approvingly from the works of homœopathic authors, and with that frankness and manly honesty which becomes the true men of science, admit their indebtedness to the new philosophy for many of their most brilliant cures and some of the most satisfactory results from drug medication. The painful truth, however, forces itself upon us that many of those who have heretofore been considered leaders in the old school have been forced into their present liberal position simply because the tide of public opinion is too strong for them to resist, and while step by step they appropriate the results of our hard earned labors, they lack the

honesty and manliness to give credit where credit is due. Such men are merchants and their profession a trade to traffic with. They are unworthy the name of physician.

We cannot help a hopeful feeling for the future of the profession, now that the old school have abolished, in this State, a code of ethics so arbitrary, so enslaving that many of its rules have long been a dead letter or only used to gratify personal spite and revenge. Codes of ethics, such as the one abolished, are made for the tricky and the dishonest, not for gentlemen; and we are glad to see, in the new code, the fact recognized that a man may be a gentleman and yet be a physician.

In the past we have been placed by circumstances over which we had no control, on the defensive. We have no controversy with the gentlemen of the old school. We are glad they have pulled down the sectarian flag, and believe that meeting each other side by side in the sick room and in societies we shall be brought together, and a more harmonious feeling produced, to the lasting benefit, not only of our patients, but ourselves. The old school are welcome to all the facts we possess from our century of toil. If it is more congenial to their tastes to appropriate them, not only without credit but with a sneer at the sources from whence they are derived than to take them openly and honestly, they are quite welcome to do so. We shall not quarrel with them, but we shall quietly insist upon our own rights and maintain them too. In the meantime we shall pursue the even tenor of our ways, seeking for truth, and appropriating it wherever found. In the future, as in the past, we shall be bound by no creed. Our motto shall be progress, and we will cheerfully clasp hands and work side by side with every intelligent, honest worker, though his conclusions may often differ from our own.

THE ETHICAL PROBLEM AGAIN.

To the Medical Society of the Empire State belongs the distinguished honor of having demolished the principal barrier which separated the "Old School" from the "New," or so-called "Homœopathic." At its recent annual meeting a Code of Ethics was adopted, from which we quote the following rules governing consultations so far as they bear upon the question under discussion:

"Members of the Medical Society of the State of New York, and of the medical societies in affiliation therewith, may meet in consultation legally qualified practitioners of medicine. Emergencies may occur in which all restrictions should, in the judgment of the practitioner, yield to the demands of humanity."

It will thus be seen that the "Old School" has thrown down its "arms" and declared an end to hostilities within the Commonwealth so far as it is concerned!

The question now arises, how shall we of the "New School" conduct ourselves under the changed circumstances; shall we continue to fight or shall we accept the situation in the temper in which it is offered? It seems to us that the true spirit which impelled such action on the part of a body so largely in the majority demands our careful consideration and appreciation. We may well consider the desirability of doing away with

our distinctive adjective thereby avoiding the suspicion of "trading upon a name." There can be no restriction placed upon individual opinion and action under such conditions, and it is useless to assert the contrary, for all are left free to do and act as conscience and ability shall dictate, only maintaining that dignity which our position demands!

President Jacobi, in his annual address before the State Society which adopted the new code, said:

"It is generally asserted by many that there are good reasons for abolishing the boundaries between the several classes of medical men altogether. I do not speak of schools of medical men, for modern medicine is not divided into schools. The homœopaths claim that they do not differ from us any longer, do not mean to differ from us, as formerly they did and proudly claimed to do. If we have a reason to believe not only that medical science is one and indivisible and based on logic and experimentation, but that we, the profession of the State of New York, are sufficiently imbued with that spirit of logic and experimental science, characteristic of modern medicine, we may overlook differences and meet with a spirit of reconciliation those who do not encounter us any more, so they say themselves, with the dicta of a school, or a sect, but who claim that each individual man amongst them stands on his own feet and does his own thinking. A crowd of men facing the profession with the battle cry of '*similia similibus*' and 'no quarter,' exclude themselves and cannot expect kind treatment at our hands. When the ranks, however, are dissolved and no *corps d'esprit* makes them raise the flag of hostility, and instead of a fighting army under orders, men come into your camp for reconciliation and a parley, the case is different."

We regret to observe that Dr. Jacobi has failed to recognize the true position of affairs as he will sooner or later find out. We have always, and still continue to claim, that we do not differ from the "Old School," excepting that we have added the homœopathic plan of selection of the remedy, and he may rest assured that we shall continue to practice homœopathically whenever "the result of experience" shall indicate that as the proper mode. As physicians, we are at perfect liberty, and always have been, to select that mode of treatment which the exigencies demand, and we no more practice homœopathically in every case than we do chemically or surgically. It is undoubtedly the province of the true physician to select such methods of treatment as his experience shall dictate, independent of any dogma or theory whatever, and no conscientious scientist will exclude himself from the investigation of a subject because of unbelief or prejudice. When the "Old School" will openly admit the study of materia medica according to the pure effects of drugs upon the healthy human body, and that this action is dual in character—thus adopting a dose sufficiently infinitesimal for any rational homœopathist—then it will have silenced the guns of homœopathy as a sect, through the absorption of its fundamental principles. That this state of affairs is rapidly coming about, the current literature of the subject amply justifies our asserting.

The laymen are taking much interest in the progress of this question, as they ought. The Albany *Argus* said editorially, in respect to the new "code" that it was "A great step in advance."

"The effect of the action of the State Medical Society on the matter of professional ethics is significant. * * *

"The amendments adopted enlarge the limits and freedom of consultation to a degree that practically removes all restrictions, by giving the practitioner full liberty to construe or waive restrictions in the interests of humanity or commanding exigency. * * *

"The persistence of the profession in a policy which proclaimed its sense or theory of inability to trust to the honor and conserving power, of which its educative processes are the factors and its personnel the guardians and exponents, has not dazed laymen, for they knew the precautions and traditions on which it was based. They also knew that it had survived the necessity for it and would soon go to meet the effete causes which called it into being. It may be said that medicine cannot insure every one entering it being a gentleman. Neither can any profession; but medicine and any profession can insure a great majority of every collection of its members, in every community, being gentlemen, and the associated principle of action among doctors secures majority rule, and the sequent supremacy and government of gentlemen. The argument of doubt and distrust answers itself, when properly extended. * * *

"The formal obliteration of the bars of separation in fellowship and action between what are miscalled allopathy and homœopathy, is the recognition of the indivisibility of the science of medicine, which the intelligence of the age long ago realized, which the action of progressive doctors, of both classes, long ago tacitly effected, and which the enlightenment of patients long ago practically insisted on and secured. The age has cause to congratulate itself on the results secured and the fact that full liberty no longer knocks at the door, but is across the threshold and will soon set up house-keeping as a full owner and not as a mere guest or tenant by courtesy. * * *

"The Society has broken the back of the ancient medical code. Consultation with legally recognized physicians is now permitted. Consultation with anybody, under such circumstances as sound a paramount call to humanity, is permitted. The physicians are to be the judges of the circumstances. The progressiveness of the society is one of the sensations of the times."

At a recent meeting of the Wayne County (Mich.) Medical Society

"Dr. Devendorf read a paper on 'Consultation and Affiliation with Homœopaths.' He took the ground that as regular physicians, we are bound down by no dogma, but that with the whole field of nature before us it is our privilege, with perfect consistency, to choose whatsoever is of value in the treatment of disease. We acknowledge no universal law of cure any more than we recognize the existence of any universal panacea, but profiting by the labors of our professional brethren, in the laboratory or in the sick room, accepting nothing on any one's *ipse dixit*, it is our duty to submit all to the test of our own experience, and then to accept or reject according to the result of such test. Let us in this process avoid bigotry and not wrap ourselves in a garment of exclusiveness and cry out to those who differ from us, 'stand afar off; thou art unclean.'

"Homœopathy was the outgrowth of a reaction in medicine. When it came to us, a few years ago, its supposed novelty attracted a certain class of people, who afterwards became its allies and champions in consequence of the fierce and bitter warfare waged against it by the so-called old school physicians. The ranks of its practitioners were filled, firstly by those who, though few in number, were honest in their opinions and educated in their profession. Secondly, by those who, devoid of honesty, were shrewd enough to recognize a partial drift of public opinion and avail themselves of the current to achieve success. Thirdly, and most largely, by the ignorant, who discovered here new fields of labor. But the years which have passed have wrought a change in all this. There is in the universe of mind a law analogous to the grand law of gravitation,

which rules and controls the physical world. In obedience to this law eccentric movements are corrected, and the pendulum which marks the oscillation of public opinion, from one extreme to the other, tends at last to fall and rest at the centre of gravity—which is truth.

"And so with homœopathy, after the first few years in which ignorance and irregularity in its practitioners were overlooked and condoned on account of the attractiveness of a new doctrine, there came a change; its followers, the charm of novelty having worn away, discerned the faults of their leaders, and demanded physicians of a better class, men of more honesty, better education and higher culture. In response to this demand, better men have come to the front, and ignorance and dishonesty are being crowded back.

"The educated homœopathist differs in no material respect from the educated regular physician. He recognizes the fact that there is a truth in the dictum *similia similibus curantur*, but scouts the universal applicability of the dogma as a law of cure. The thoughtful and observant physician of any considerable experience cannot but have recognized a truth in the dogma, and in so far as it is true it is his duty and privilege to accept it. This truth should form a common ground on which homœopath and regular should meet. As educated men there can be no difference between them except on the question of therapeutics, and this is not the only question involved in a consultation.

"Dr. Devendorf would advocate the meeting of homœopaths in counsel and go with them as far as possible, reserving the right in such consultation, as in consultation with a 'regular,' to differ and to give his reasons for so doing when his views are at variance with those of the consultant, and thus throw the case into the hands of the patient for decision as to who should take charge of the case. In this way, he thought, homœopathy would soonest be brought to its proper level. This course would deprive the system of the pabulum, on which it thrives, viz., persecution. 'Let us,' he said in concluding his interesting paper, 'hold firmly those things whose truth has been established; let us be ready to give up and cast aside all theories, however dear they may be to us, if they are proven false. We are yet groping in the dark; facts, which long years of experience have placed in our possession, clues that we have laid hold upon, seem oftentimes to lead us in different and even contrary directions; but I am confident that in the future they will all be reconciled, for I believe, that back and beyond them all, there is one grand therapeutic law, which will be revealed to us when life and its processes are no longer a mystery.'

In the discussion which followed Dr. Mulheron said:

"Homœopathy is too often condemned at sight, and without a previous inquiry into its nature. He had taken some pains to look into it and was convinced that it contained a very important law of cure—one of the laws of cure, for there are several. There is not a physician who does not daily unwittingly treat disease according to this law. He instanced the protective influence of vaccinia against variola, the local application of the mitigated stick to granular lids, the injection of a solution of nitrate of silver in dysentery, and the application of a blister to an old, ill-conditioned ulcer as indisputable illustrations of the working of the law of *similia similibus curantur*. There is a truth in homœopathy and it is the duty of the regular physician to utilize it."

The President of the Society, Dr. Brodie, says, editorially, in "The Therapeutic Gazette" that

"The question of the propriety as well as the possibility of regular practitioners of medicine, so-called, holding consultation with homœopathic physicians at the bedside of the patient is one which has recently come prominently to the front in England, particularly, during the past year. And although circumstances have

avored this prominence in that country, the question is one in which the profession of this country are not less interested, notwithstanding the fact that it has received comparatively little attention on this side the Atlantic. Our British brethren are anything but liable to be easily disturbed by trivial causes, and the fact that there has been a very general discussion on this subject, pro and con, in their medical societies and medical journals, indicates a deep under current of interest in the matter. This discussion indicates a very marked change in sentiment from that which obtained even a decade ago, when to have entertained the proposition of consultation and affiliation with the homœopaths would have cost the physician most exalted in his profession, his rank and even recognition as a respectable practitioner. But the world moves, and to-day we find those high in authority in England—men who for a full generation have been bright particular stars in the medical firmament—not only entertaining such a proposition, but actually meeting at the bedside those who pin their faith to the law of similars in therapeutics, and their standing is not perceptibly affected by the act.

"We, in this country, notwithstanding our claims to independence, are still largely dominated by European authority, and the fact that the movement indicated is on foot across the seas makes it advisable for us, much as we may dislike to do so, to cast about for an easy place on which to drop from the high position we have assumed on the question of the recognition of, and affiliation with, homœopathy. Individually, the pill would be as yet a bitter one for us to swallow, but the past few years have vested it with several layers of sugar coating, and we cannot close our eyes to the possibility of the addition of such layers in the comparatively near future as will render it far from distasteful. The fact of the matter is, there is a change going on, and the conditions which render the proposition to consult with a homœopath, a few years ago repulsive to every sense of ethical and scientific propriety, have been very largely eliminated from the question. We can remember when the term 'homœopath' was practically synonymous with ignorance of the fundamentals and essentials of medicine in him who sailed under that color. We can remember, too, when among 'regulars' methods which are now regarded as crude were held in high favor, and when the success of the dose was apparently largely conditioned in its nauseousness. The past quarter of a century, however, has wrought a very material change in these regards. The homœopath has found that something more than the mere palatability of his medicines is necessary to successful therapeutics, and the 'regular' that palatability is in itself not only an unobjectionable property of a dose, but that it is one which should be positively cultivated. The homœopath has found that a little more than a tincture of moonshine is necessary to therapeutics, and the 'regular' that a little less than forked lightning will, in a majority of instances, answer all practical purposes. Thus the two have been gradually approaching each other from opposite directions, and it is not beyond the bounds of the possible—it is, indeed, within those of the probable—that they may, in the not distant future, get near enough to clasp hands and laugh together over the consummate idiosyncrasy of their granddaddies.

"The fact that there is a truth in homœopathy will scarcely be denied by any one who has taken pains to investigate its claims. Such will also scarcely deny the fact that its former claim of the universal applicability of the law of *similia similibus curantur* is untenable. It is, furthermore, we believe, an indisputable fact that nine-tenths of those who to-day style themselves 'homœopaths' are such only in name—that is, that they do not practice what the name under which they sail implies, viz., that they prescribe, under all circumstances, on the theory that the drug given produces in the patient a modified form of the existing disease which, running its course, exhausts the susceptibility of the

system to the original disturbing cause. In so far as they do not do this they are inconsistent, if not actually dishonest, and herein lies the chief objection to our affiliation with them. Assuming the distinctive name of homœopath, honesty demands that they should follow such practice as the name implies, to its legitimate conclusions. It is our privilege, not being bound down by any tradition or name, to prescribe homœopathically should we conclude that, in a given case, such prescription be proper, but the homœopath as such, must travel in the narrow rut of his dogma. Let him who now claims to be a homœopath, but who is only partially such, strike from his sign the distinctive appellation, and if he be an educated man, that is in such essentials of medicine as constitute common ground between all 'schools' of therapeutics, the day of the affiliation with those now yeilded homœopaths will be brought quite near."

Dr. Brodie's article states the case so fairly, considering its source, that we feel justified in quoting at length.

If our "Old School" colleagues desire affiliation with us after a full understanding that we insist upon the proving of drugs upon the healthy human body as the only substantial basis of a *Materia Medica*, that we recognize the dual action of drugs, and that the selection of the dose must depend upon the action desired—whether primary or secondary—then we are perfectly ready to join hands and hearts in that grand work which should stimulate us all to earnest co-operation.

The question of the universality of the law of cure seems to be a stumbling block to most of those who attempt the elucidation of our subject. As we understand it, the term universal applies in this connection only to the principle with which it stands involved.

It was never contemplated in the use of this adjective to attempt thereby to force the application of the law beyond its own sphere, even by inference. The law of similars is just as universal as any other law, reaching no farther than its own impassable boundaries, and it cannot be made to apply to the laws of chemistry, astronomy, or any other of the equally natural laws which govern the universe.

If we will insist upon this definition, our friends of the "Old School" can no longer charge us with dishonesty, and cannot demand that we shall practice homœopathically exclusively. We claim that the whole domain of medicine is as much ours as theirs.

The display of the title "Homœopath" upon signs is rarely met with in these parts, and its use, we will admit, is only for purposes of notoriety and should be abandoned by such as have any degree of appreciation of good taste and of the dignity of that title which needs no modification, viz., *Doctor of Medicine*!

TREATMENT OF ASCARIDES.

An esteemed correspondent inquires as to the best treatment of ascarides in the adult.

In reply we will say that the habit of these parasites gives a clue to the treatment which will be successful in the majority of cases.

In the first place, we should bear in mind that the duration of life in this class of parasites is eight days, and that its last act before being discharged, is to deposit eggs in the folds of the anus, for another generation.

Under these circumstances the rational treatment is apparent, viz., to prevent the continued hatching of the larvæ.

This object is best attained by the means of emollients. The plan which we have found most effectual is to thoroughly anoint the parts for ten successive nights with fresh lard, and it is best accomplished by the use of a sponge, the size of an English walnut, attached to a string, the sponge being well saturated with the lard and then pushed within the sphincter and withdrawn by the string attached, several times repeatedly.

Medicines should be used as indicated, and the diet restricted to the most nutritious and easily digested articles, avoiding sweets, strong acids, fried food, pastry and the like. Some cases prove very intractable under any treatment.

ALOPECIA, ETC.

The same correspondent asks us if any remedy will prevent premature change of the hair to gray?

In our experience alopecia and premature change of color, both of which conditions are due to atrophic degeneration, are best treated by bathing the scalp with a fifty per cent. solution of Alcohol, and then by rubbing in *Vaseline*, thoroughly. In our hands these means have been more successful than any other.

Schmitz observed that "the administration of *Muriate of Pilocarpin*, hypodermically, caused a growth of downy hair on the scalp of two men affected with alopecia."

The dose was not stated, but we presume it was the usual quarter of a grain.

Prof. H. G. Piffard says, "Hypodermic injections of *Pilocarpin* have been used in alopecia with varying success.

One-tenth of a grain is injected once a week into the scalp.

TRUTH VS. PROF. A. B. PALMER.

The March issue of the *North American Review* contains an article headed "The Fallacies of Homœopathy," by Prof. A. B. Palmer, which shows not only the animus but the ignorance and unfairness in argument of many of the would-be leaders in the old school. We have never yet seen in an article of the same length so many false statements—such a tissue of misrepresentation, such false logic and lack of candor, as this article displays. It is a matter of astonishment how, at the present day, any man can willingly place on record a statement which stamps him indelibly as a bigot in the worst sense of the word, who has not even the fairness to state the position of his adversary correctly, and whose arguments, based upon false premises, have just about as much bearing upon homœopathy as they have upon the doctrine of natural depravity. It is a matter of equal astonishment that any journal occupying a respectable standing would willingly insult the intelligence of more than two-thirds of its readers by publishing such a malignant tissue of misrepresentations against a faith in which they believe.

The writer starts with the position that the old school has shown not only a readiness but an eagerness to

entertain new ideas and accept new truths. "Jenner received the facts of vaccination from dairymen; many of the views of Priessnitz respecting the use of water have been accepted; a large number of new remedies brought into use by the so-called Thompsonians and Eclectics have been investigated and adopted; anæsthesia was received from dentists; and new modes of preparing and administering medicines both in much smaller and larger doses than those recommended by standard authors, are constantly put in practice." It is a matter of notoriety with all students in medical history that every one of these steps of medical progress has been met with ridicule and bitter opposition by the mass of the medical profession, and especially by those would-be leaders, whose power consists more in frothy declamation than in scientific research, until they were actually forced to adopt them by the voice of public opinion. The old school have, in therapeutics and *Materia Medica* at least, not been pioneers, but have lagged in the background, and simply to save their bread and butter, have absorbed grudgingly the thoughts and work of those men who stepped out of the rut of old ideas into new lines of thought and broader fields of investigation. A little more modesty, gentlemen, and a little more credit to the workers in the profession would not be out of place.

Prof. Palmer states under nine heads "the articles of the homœopathic creed," which nine statements contain eight distinct falsehoods, as will be perfectly apparent to every ordinary homœopathic student. These statements are:

First.—The principle of *similia similibus curantur* as a universal law.

Second.—Prescribing medicines for symptoms alone.

Third.—Imponderable or infinitesimal doses.

Fourth.—The potentization of medicines or the development of new and extraordinary powers within them by rubbing and shaking.

Fifth.—The special mode of preparation by trituration with sugar of milk or alcohol and water, diluting in the centesimal scale.

Sixth.—The prescribing of a single simple medicine at a time.

Seventh.—The special method of "provings" by administering medicines to persons in health.

Eighth.—The mode of administering by placing pellets on the tongue and by olfaction or smelling.

Ninth.—The psora or itch doctrine of the founder.

The pivotal point in homœopathy is the principle of *similia* in therapeutics. The proper understanding and correct application of that principle constitutes the homœopath. We have disclaimed over and over again a belief in it as a universal law, insisting, however, that it is a principle of great value in therapeutics and should receive the attention and only the attention which its merits demand. Physiology and pathology are of the utmost importance to the homœopathic student, for a correct application of his principle presupposes an intimate acquaintance with the physiological and pathological condition of the system. His drug has been tested on the living organism and a careful study

of its drug action developed by symptoms and pathological changes is his guide in the selection of his remedy. Not unfrequently he finds the principle of *similia* does not apply to the case and he adopts any medication or any means which his reason, his experience, or facts gathered from his reading lead him to believe will prove beneficial. The art of medicine is too broad to be covered by a single dogma, however important, and the true physician covers in his repertoire the whole field with particular attention to the mechanical, chemical and nutritive action of medicines. The question of dose, the preparation of medicines and the manner of administering are matters of convenience and experience. The great point is to select the proper *similimum* and give it in such doses as will produce its curative action, the size of the dose depending upon the influences at work and the general condition of the patient. To Hahnemann for his able and scientific exposition of the principle of *similia* we award all praise and render him the honor due his great work, but we are not called upon, nor do we, adopt all his theories and yield an unquestioning, slavish submission to all his views, nor should we be made responsible for them. He had just as much right to theorize as any other man, but we deny his right or that of any one else to bring in as part and parcel of homœopathy any side issue. The pure Hahnemannians who bow in blind submission to the great master and endorse every word he uttered as law and gospel, can almost be counted on the fingers, while the great army of homœopathic physicians, containing within its ranks some of the strongest and best educated minds in the profession, is numbered by thousands.

It is useless to follow Prof. Palmer in his arguments, if arguments they can be called, based as they are upon false premises and showing a total ignorance of the subject he attempts to discuss, and we gladly turn from a bigotry which disgraces the man but injures no one to an honest, enlightened discussion of the subject from an intelligent writer in the old school, the president of one of its county medical societies.

Dr. Speer, in a recent issue of the *Medical Record*, says:

"Although homœopathy has been received with derision by a vast majority of the medical world, it has steadily progressed in favor, overcoming obstacle after obstacle, until to-day the system of medicine founded upon it numbers among its patrons and steadfast friends a large proportion of the more intelligent and cultured people of each community. It is recognized in some of our universities. Our State Boards of Health are in part composed of homœopaths. Some of our State institutions are controlled by them, and in a late number of the *Medical Record* it is announced that the Binghamton Asylum for the Insane has been placed under the medical charge of a homœopathist. This is the second asylum for the insane in the State of New York under homœopathic control. Consultation with homœopathists has been advocated by such men as Jonathan Hutchinson and John Syer Bristow. With such facts staring us in the face, it becomes our duty, as honest practitioners of the healing art, to investigate, calmly and thoroughly, the claims of homœopathy, and if we find that it teaches the use of any remedies which, used according to this system, are more successful in the

cure of disease than those remedies we have been taught to prescribe, we are bound by honor, duty, to say nothing of self-interest, to use them. The subject is too vast to be considered in a single paper. I shall, therefore, select two medicinal substances, viz., aconite and mercury, and shall try to prove, by our own standard authorities, that when we are successful in treating diseases with them, it is in accordance with the homœopathic doctrine, and although all sorts of explanations are advanced as to their *modus operandi*, the plain simple fact is, that Hahnemann gave the symptoms and treatment years ago that Profs. Bartholow and Ringer now emphasize.

"Are we better qualified to-day, so far as having a definite knowledge why we use certain drugs, in curing disease than we were fifty years ago?

"Will any gentleman present explain to me why he uses mercury in any disease? Have we really made any progress in the practice of medicine except what has been forced upon us by those whom we regard as irregular practitioners?

These are serious questions and should command our earnest attention.

After going over the curative action of *aconite* and *mercury*, Dr. Speer shows that the special indications for the drugs are alone found in homœopathic authorities. In reference to mercury he says:

"Now, gentlemen, after the statement of Prof. Ringer, that in one form of diarrhoea bichloride of mercury acts more satisfactorily, and in another form gray powder, where shall we go to obtain some explanation or reason for this? Have we an author who will point it out to us? If we have, I have failed to find him. On the contrary, the more I studied the matter, the greater was my confusion, until I sought in homœopathic works for a solution, and then I found it clear and simple; and I may say that the indications for the use of the different mercurial preparations, as pointed out by the earlier homœopathic writers, are those by which they are now governed in practice. We adopt the treatment empirically, and are in a measure successful; but not recognizing the law by which it is administered, we use the remedy at a great disadvantage.

"There are two things in homœopathy that at once antagonize the regular physician. The *similia* principle, and the size of the dose administered; and the feeling is so bitter, that scarcely a physician can be found who will make the least investigation of it. The principle of *similia*, etc., no matter how much we may deny it, is still the only one by which we can explain the action of many of our most potent remedies. Second, in administering drugs, we aim to give just enough to prove curative in the disease we are treating. No school of medicine, I believe, attempts to do more. Homœopaths claim that their method of preparing drugs is superior to ours, and that they can obtain the same results with much smaller doses. Dr. Marcy ('Homœopathic Theory and Practice of Medicine,' page 119, 1850), writing on this subject, says: 'The advantages which we obtain from a minute subdivision of crude substances are as follows:

"*First*.—We develop every part of the active principle pertaining to the substance by breaking up all natural organization or arrangement between its molecules, and thus exposing a large amount of active surface which would otherwise have remained latent.

"*Second*.—By distributing these molecules intimately throughout an inert vehicle (sugar or water), they are far more readily absorbed by the delicate lacteals and absorbents than coarse and irritating particles of matter.

"*Third*.—When these minute atoms have been conveyed by the blood to those parts with which they have an affinity, they penetrate the smallest vessels,

impress the minutest sentient nerves, and become productive of results entirely unattainable by drugs in a crude form.

"Fourth.—During the act of subdivision, it is not improbable that the atoms of drugs sometimes become oxidized, and thus acquire new and increased powers.

"Finally.—We infer that no new properties are developed by the homœopathic method of preparing drugs, except such as arise from the mere subdivision of their particles, and that all ideas respecting *spiritualization*, *dynamization*, and *magnetism* in the preparation of medicines are erroneous and untenable. In regard to the repetition of doses, we are to be guided by the *acute* or *chronic* nature of the malady, the urgency and danger of the symptoms and the effects produced by the medicine."

"Dr. H. G. Piffard, Professor of Dermatology, University of New York, in his 'Materia Medica and Therapeutics of the Skin' (article 'Mercury'), says: 'Since we have used the triturations, however, in preference to the ordinary pills, patients more rarely complain of disagreeable sensations. We have further been enabled to materially reduce the size of the dose in order to obtain the desired effect. In other words, a larger proportion of the drug is utilized for specific purposes, while but a small amount remains to give rise to local irritation. I have nothing to add to this (he says), except that I continue to use triturations of mercury and other substances with increasing satisfaction.'"

"Dr. Piffard began with the first and second decimal triturations; how much higher he goes he does not say.

"These are all the drugs to which I shall allude in this paper. Of my own personal experience in the use of them I shall say nothing. My only wish is that we may investigate the subject carefully and wisely, and if we find that the principle of 'similia similibus curantur,' even to a limited extent, is correct, it is our duty at once to admit it. And if the administration of drugs in minute doses, in the form of dilutions and triturations is more beneficial than when given in the usual form and way, we should at once acknowledge it; and not only that, we should make good use of them, so far as they may go, in treating those who may be placed in our care.

"To alleviate the pain and distress of the sick in the easiest and pleasantest manner possible ought to be the constant study of the physician, and the simple excuse for not investigating this subject, that so much prejudice has been aroused by it, is unworthy the dignity of the medical profession."

We consign Prof. A. B. Palmer to the tender mercies of the thinking men of his own school.

STATE EXAMINATIONS.

The recommendations of both the great State medical societies, at their last annual meeting, at Albany, to separate the degree of Doctor of Medicine, granted by the colleges, from the license to practice, putting that entirely in the hands of a State Board of Examiners, is a hopeful sign of progress, and argues well for the future of medicine and an increased harmony in the ranks of our profession. THE TIMES was among the first to advocate this course, believing there would be no trouble in the Regents bringing together a fair and impartial board of examiners, who would show no especial favor to any college or any particular school of medicine. All students, whether graduates of colleges or coming from private offices, would come before the examiners as equals, to stand or fall solely on the line of merit. This

course would do away with most of the clannish feeling now existing, and the public would be assured that their medical advisers holding a license to practice under the broad seal of the State, granted by an impartial board, would at least possess that knowledge of the human system and of the action of drugs, which would entitle them to confidence and respect. One important point in this examination must of necessity be the dual action of drugs, and when this is clearly understood *Similia* will take its proper place in the mind of the student.

The vast facilities for teaching of our public schools will, of course, be utilized by the medical student, and degrees as certificates of scholarship largely sought for, but the lists of examination will be thrown open to all, and the diploma granted by the State carrying with it the license to practice, will outrank, as a testimony of knowledge, the diploma of any of the medical colleges. The medical schools in this country are all simply private organizations, started and carried on solely with an idea to pecuniary profit or personal influence. They have done, and will continue to do, splendid work, but their popularity in the future, when the power to grant licenses to practice has been removed to another tribunal, will depend solely upon their facilities for instruction and the thoroughness and completeness of their work.

This step will be most effectual in breaking down caste and sect by placing all, at the commencement of professional work, on the same footing. It will also throw wide open the doors of scientific societies to the free and full discussions of important principles in therapeutics, which have heretofore been ignored by a large class of physicians for fear that anything like a fair investigation, would subject them to what they have been pleased to consider as medical heresy.

We rejoice that both societies have taken this step and sincerely believe that at no distant day the measures so important to the profession will have the necessary legal sanction.

"HAHNEMANN AS A MEDICAL PHILOSOPHER—THE ORGANON."

Did space permit we would gladly transfer to our pages, from the current number of the *British Journal of Homœopathy*, the whole of this able and scholarly production. While all the views advanced may not command the assent of every adherent of "our school," it cannot, we think, be denied that both in his vindication of Hahnemann's philosophical character, and in his analysis of the "cardinal treatise," Dr. Hughes has done full justice to his theme. Higher praise than this could hardly be pronounced.

We extract a few of the more salient and characteristic passages.

BACON AND HAHNEMANN.

How truly Baconian is the whole spirit and aim of the "Organon!" Like his great exemplar, Hahnemann sought to recall men from the spinning of thought-cobwebs to

* The second Hahnemannian Lecture, delivered at the London School of Homœopathy, October 4, 1881. By Dr. Hughes.

the patient investigation of facts. Like him, he set up the practical—which in this case is the healing of disease—as the proper aim of medical philosophy; not seeking in knowledge, “A terrace for a wandering and variable mind to walk up and down with a fair prospect, but rather accounting it a rich storehouse for the glory of the Creator, and the relief of man's estate. Like him his chief strength was devoted to the exposition and perfecting of his proposed method of further progress toward this end, leaving to the future the carrying it into effect. Another Descartes may arise in medicine, whose perception of special fields of knowledge may be keener, and who may leave his mark more clearly traced on certain branches of our art. But Hahnemann, when once his method shall have won the acceptance we claim for it, will ever be reckoned the Bacon of therapeutics—the fruitful thinker who taught us what was our great aim as physicians and how we should best attain to it.”

“THE GRAVE OF SCIENCE.”

Nothing is wider of the mark than to speak of the contempt which experienced physicians felt and keenly expressed for Hahnemann and his whimsical doctrines. Not thus did Hufeland, and Brera, and Trousseau, and Forbes write of the new method and its author. But the first named of those made a remark which is full of significance; he said that if homœopathy succeeded in becoming the general medical practice, it would prove “the grave of science.” Now, this I make bold to claim as an unintentional compliment; for it describes our system as being true medicine, which is not science, but art. This is a truth very much forgotten nowadays. Hahnemann, in the opening paragraph of the “Organon,” proclaims that “the physician's high and sole mission is to restore the sick to health—to cure, as it is termed.” It is with this direct aim that he is to study disease and drug action, and the relation between the two. He is not primarily a cultivator of science. He is a craftsman, the practitioner of an art; and skill rather than knowledge is his qualification. His art, indeed like all others, has its associated sciences. Physiology and pathology are to it what chemistry is to agriculture, and astronomy to navigation, so far as they bring real knowledge. The more versed the physician is in them the better for himself and for those in whose aid he works. But he was before they had being, and his art should have a life of its own independent of the nourishment they bring. They must, being progressive, consist largely of uncertainties—working hypotheses and imperfect generalizations, destined ere long to be superseded by more authentic conceptions. Medicine should not vary with their fluctuations, or hold its maxims at the mercy of their support. While grateful for the aid they bring, it should go on its own separate way and fulfill its distinctive mission.

One great value of the method of Hahnemann is that it dwells in this sphere of art. It is the grave of science; for science, as such, had no existence here; it died and is buried. But its corpse enriched the ground which covered it, and thereon grass springs up and fruits ripen for practical use. On the other hand, the great weakness of the general medicine of to-day is that, so far

as it is more than blind empiricism, it is an applied science rather than an art. It shifts from heroism to expectancy, from spoliation to stimulation, with the prevailing conception of the day as to life and disease. Maladies are studied with the eye of the naturalist rather than of the artist; and the student is turned out thoroughly equipped for their diagnosis, but helpless in their treatment. Hence the nihilism of so much of modern teaching; hence, at the late Congress the miserable half-pennyworth of therapeutic bread to the gallons of scientific sack. It would be well for its three thousand members if they would go home to meditate the words of the man they despise. “The physician's high and sole mission is to restore the sick to health, if they would recognize medicine as the art of healing, and cultivate it accordingly.”

HAHNEMANN'S ATTITUDE TOWARD DISEASE.

When Hahnemann, in a certain passage, speaks of the sum total of the symptoms of the patient as the only curative indication which the physician can discover, “he hardly does himself justice; for in Sec. 5 he has pointed to the knowledge of the causes of the malady as important, and in Sec. 7 and its note has assumed as obvious that any exciting or maintaining cause which is discoverable and reachable shall be removed. He has further reminded us, in Secs. 3 and 4, that both to prevent disease, and to make his curative treatment unobstructed and permanent, the physician must also be a hygienist. It would hardly be necessary to mention, such points, but that we have lately heard it said that “for him preventive medicine, which deals especially with the causes of disease, and has been successful only in proportion to its knowledge of them, would have been a mockery and a snare.”

Hahnemann has been accused of ignoring pathology, by objecting to all attempts on the part of systematic writers and practical physicians to distinguish and classify diseases. He is supposed to have been—and the utterances of some of his own disciples lend color to the charge—a mere individualizer regarding the maladies which affect mankind as, “with a few exceptions, merely groups of symptoms—mosaics of which the component parts admitted of endless re-arrangement.” But this, again, is a great mistake. Hahnemann recognized as freely as any other physician the existence of definite types of disease, of fixed character because resulting from an unvarying cause, to which distinctive appellations might be given and specific remedies or groups of remedies allotted. He varied from time to time, as pathology itself has varied, in the list of those to which he would assign such place; but at the lowest estimate they cannot fairly be described as a “few exceptions.” They embrace the whole field of specific diseases, acute and chronic. Take the instance of intermittent fever. Hahnemann is supposed to have declared these fevers innumerable, and each instance of them that came before him an independent disease; but read the section of the “Organon” expressly devoted to this subject (Secs. 235-244). You will see there that it is only sporadic intermittents occurring in non-malarious districts that he thus describes. The true endemic marsh ague he recognizes as a disorder of a fixed type, always curable by

Bark if the patient is not otherwise unhealthy, while the epidemic intermittents, though distinct among themselves, have each a specific character, so as to be amenable to one common remedy. It is in these (and the sporadic cases) only that he reprobates the blind Cinchona-giving practiced in his day.

MODES OF DRUG-ACTION.

Hahnemann argues that there are only three conceivable relations between the physiological effects of a drug and the symptoms of disease, and therefore only three possible ways of applying the one to the other. The two may be altogether diverse and heterogenous, as the action of a purgative and a congestive headache; and if you use the former to relieve the latter you are employing a foreign remedy—you are practising allopathy, or they may be directly opposite, as the influence of a bromide and the sleeplessness of mental excitement; then to give *Bromide of Potassium* to induce slumber is to act upon the enantopathic or antipathic principle; or, thirdly, they may be similar, as *Strychnine-poisoning* to tetanus, or that of corrosive sublimate to dysentery. If such drugs are used for their corresponding disorders, you are evidently homœopathizing. Now, of these, allopathic medication must be condemned, both on the ground of its uncertainty, and on that of the positive injury it does by disordering healthy parts and by flooding the system with the large doses of drugs necessary to produce the desired effect. Antipathic treatment is certainly and rapidly palliative; but the inevitable reaction which follows leads to a return of the evil, often in greater force. It can rarely, moreover, deal with more than a single symptom at a time, and even then its capabilities are hindered by the very few really opposite states which exist between natural disease and drug action. Antipathy may do tolerably well for immediate needs and temporary troubles; but it is not competent to deal with complex, persistent or recurring maladies; for these we are shut up to the homœopathic method, if we are to use drugs in disease at all. This operates without injury to another part and without weakening the patient. It is of inexhaustible fertility, for the analogies between natural and medicinal disorders are endless. It is complete, for the one order of things may cover the other in its totality. It is gentle, for no large and perturbing dosage is required for its carrying out. It is, lastly, permanent; for the law of action and reaction which makes the secondary effects of antipathic palliatives injurious here operates beneficially. The primary influence of the drug being in the same direction as the morbid process, the secondary and more lasting recoil will—after (it may be) a slight aggravation—directly oppose and extinguish it. It is thus that Hahnemann explains the benefit wrought by homœopathic remedies: thus, and also by the theory (Secs. 28-52) of a substitution of the medicinal for the actual disease, for which he cites parallels in nature."

Various objections have been taken to Hahnemann's position. But what other alternative is possible? What fourth term of comparison can be found between (be it remembered) the effects of drugs on the healthy, and the symptoms of disease? If you use the one for the

other, you must do so allopathically, antipathically, or homœopathically. Medical men seem very fond nowadays of disclaiming any system in their practice, and announcing themselves as altogether lawless and empirical. But they can no more help practising upon one or other of these principles, than M. Jourdain could help speaking prose unless he launched into verse. If they would only analyze their own thoughts, they would see that directly they learn the physiological action of a drug, they consider what morbid state it can indirectly modify or directly oppose. These are two of the members of Hahnemann's triad; and the difference between them and us is that our first thought is as to what disorders the drug phenomena most resemble. We would not neglect the two other directions in which the medicine might be utilized, if we had reason to think it advantageous to follow them; and our complaint is, that the profession at large do neglect and ignore the third, to the great loss of their patients.

Recently the hypothesis has been advanced that medicines have an opposite action in large and small quantities; so that the reduction of dose necessary to avoid aggravation, gives you a remedy acting in a direction contrary to the disorder, while its choice by similarity secures practicability and complete embracement. I myself feel much difficulty in acceding to this theory as a general account of homœopathic cure; but there is no justification for representing its adoption as an abandonment of the homœopathic position. It is an attempt at explanation—that is all; the fact that likes are cured by likes is the all-important thing, account for it how we may. So Hahnemann said, and so all we homœopaths believe.

The side of Hahnemann's position on which he is most vulnerable is its exclusiveness, in which he maintains his method to be applicable to all non-surgical diseases, and to render all other ways of employing medicines superfluous and hurtful. This led him, as has been fairly urged, to regard intestinal worms as products of the organism, and to ignore the acarus as the exciting cause of scabies; it has resulted among his followers in a denial of palliatives to their patients, by which much suffering might have been spared. In the first matter, however, he erred, in common with most of his contemporaries; and in the second, he is not responsible for the excesses of disciples, who are more Wilkesite than Wilkes himself. The rational homœopathist recognizes, indeed, the inferior value and limited scope of antipathic palliation; he knows that it is only properly applicable to temporary troubles. But in these he makes full use of it. He does not allow his patient to endure the agonies of angina pectoris, when he knows that *Amyl-nitrite* will relieve them. He does not refuse *Chloroform* during the passage of a calculus any more than that of a fetus. Hahnemann's exclusiveness is not to be justified; but it may fairly claim excuse as the enthusiasm of a discoverer, full of the sense of the power of his new method, and naturally eager to apply it everywhere, and to esteem it without rival.

HAHNEMANN'S DOSAGE.

Hahnemann's treatment of the subject of dose has

not had justice done to it, in consequence of our only knowing the fifth edition of the "Organon." In the year 1829, after the publication of the fourth edition, he unfortunately determined to secure uniformity in homœopathic usage, by having one dilution for all medicines, and this the decillionth—the 30th of the centesimal scale. Our present "Organon" represents this view, but the first four editions make no such determination, and are entirely moderate and reasonable in the principles of posology they lay down. The dose of a homœopathically selected remedy, they say, must obviously be smaller than that of one intended to act antipathically or allopathically. If too large it will excite needless aggravation and collateral sufferings. It should be so far reduced that its primary aggravation (which Hahnemann supposed a necessary result) should be barely perceptible and very short. How far this must be varied with the medicine used; and for suggestions on this point he refers to his "Reine Arzneimittellehre," where the dosage recommended ranges from the mother-tincture to the 30th—the latter, however, being of exceptional height. He alleges experience alone as having led him to attenuate so far, but argues the reasonableness of so doing from the increased sensitiveness of the diseased body, pointing out also that dilution does not diminish the power of a substance in proportion to the reduction of its bulk. Excluding the specific doses mentioned in the other treatise referred to, which are simply questions of fact and experience, there is nothing in this part of the "Organon"—in its essential structure—to which fair exception could be taken.

HAHNEMANN'S HYPOTHESES.

Almost everything in Hahnemann's work during the first quarter of this century is of enduring worth; it is positive, experimental, sound. But from this time onwards we see a change. The active and public life he led at Leipsic, with the free breath of the world blowing through his thoughts, had been exchanged, since his exile to Coethen in 1821, for solitude, isolation, narrowness. The reign of hypothesis began in his mind—hypothesis physiological, pathological, pharmacological. The theories he was led to form in all these branches of thought, found their way into the later editions of the "Organon," and so demand some consideration from us here. But let it be remembered that they are not of the essence of its argument; that its structure and substance were complete before they appeared, and—in the judgment of many of us—are rather injured by their interpolation. Without them, all is inductive reasoning or avowedly tentative explanation; they, dogmatically asserted, but all unproven, introduce a new and questionable element; they constitute what Drs. Jousset and Gaillard have well called "the romance of Homœopathy."

FRUITS OF HAHNEMANN'S PHILOSOPHY.

There is a fine passage in Macanlay's essay on Bacon, in which he recounts the numerous gains to mankind which the science of the last two hundred years has contributed. If the writer of the "Novum Organum" could have looked forward, he says, he might well

have rejoiced at the rich harvest which was to spring up from the seed he had sown. In like manner has even the immediate future responded to the impulse given by our Organist. Could he have foreseen the medicine of to-day, how much there would have been to gladden his heart! He lived in a time when heroic antiphlogisticism was in full force; when physicians slew, as in Addison's day, "some in chariots and some on foot;" when every sufferer from acute disease was drained of his life-blood, poisoned with mercurials, lowered with antimonials, and raked by purgatives. He denounced all this as irrational, needless, injurious; and it has fallen—never, we trust, to resume its sway. The change thus wrought, even in the practice of the old school, would be a matter for great thankfulness on his part; but how his spirit would have bounded when he looked upon the band of his own followers! The few disciples made during his lifetime have swelled into a company of some ten thousand practitioners, who daily, among the millions of their *clientèle*, in their scores of hospitals, and dispensaries, and charitable homes, carry out his beneficent reforms, making the treatment of disease the simple administration of a few (mostly) tasteless and odorless doses, and yet, therewith so reducing its mortality that their patients' lives can be assured at lower rates. He would see the *Aconite* and *Belladonna*, the *Bryonia* and *Rhus*, the *Nux vomica* and *Pulsatilla*, the *Calcarea*, *Silica*, *Sulphur*, which he created as medicines, playing their glorious parts on an extensive scale, robbing acute disease of its terrors and chronic disease of its hopelessness. He would see his method ever developing new remedies and winning new victories—evoking *Lachesis* and *Apis*, *Kali bichromicum*, *Gelseminum*; winning laurels in yellow fever as green as those which crowned it in the visitations of cholera. He would see his principles gaining access, one by one, to the minds of physicians at large; the proving of medicines, the single remedy, the fractional dose already accepted, and selection by similarity half adopted, under other explanations and names. He might well feel like Bacon, about the "Philosophia Secunda," which should end his "Instauratio Magna;" he had given its "Prodromi sive Anticipationes;" the destinies of the human race must complete it—in such a manner, perhaps, as men, looking only at the present, would not readily conceive. The destinies of the human race, in respect of disease and its cure, are completing it; and will be yet more profoundly modified for the better as that completion goes on.

READY METHOD OF PREPARING FOMENTATIONS.—Take your flannel, folded to the required thickness and size, dampened quite perceptibly with water, but not enough to drip, and place it between the folds of a large newspaper, having the edges of the paper lap well over the cloth, so as to give no vent to the steam. Thus prepared, lay it on the heated surface of the stove or register, and in a few moments steam is generated from the under surface, and has permeated the whole cloth sufficiently to heat it to the required temperature. This method is often very convenient and efficient where there is no opportunity to heat much water at a time.—*Mich. Med. News.*

BIBLIOGRAPHICAL.

ILLUSTRATIONS OF DISSECTIONS, in a series of Original Colored Plates the Size of Life, Representing the Dissections of the Human Body. By George Viner Ellis, Prof. of Anatomy in University College, London, and G. H. Ford, Esq. The Drawings from Nature by Mr. Ford, from Dissections by Prof. Ellis. Second Edition, Vol. I. New York: Wm. Wood & Co. 1882.

This volume contains a concise description of a series of anatomical plates, bound with the text, with some remarks on the practical application of anatomical facts to surgery, with the view of carrying out the pictured representation of dissections. The muscle, blood vessels, and nerves, of each region, accurately colored, are shown in layers, in the natural order of succession, so that their mutual connection may be brought before the eye at one and the same time. The illustrations comprise nerves of the head and neck, the upper limb, the perineum, the abdominal parietes, the pelvis, and the lower limb. All the figures are drawn in life size, from actual dissections, and are printed in colors, with the object of making them as true pictures of nature as possible. The work is the initial volume of Wood's Standard Library for 1882, and the original edition would cost as much as the library for the entire year.

MEMORANDA OF PHYSIOLOGY. By Henry Ashby, M.D. (London), Physician to the Geneva Hospital for Sick Children, Manchester; Lecturer on Animal Physiology to the Evening Classes of the Owen College; Formerly demonstrator of Physiology, Liverpool School of Medicine. Third edition, thoroughly revised, with additions and corrections. By an American editor. New York: Wm. Wood & Co. 1882.

This little volume was originally compiled for the use of students preparing for a primary examination, is founded upon reliable data, and consequently will be found of great service to the student in preparing for examination in this department, and is a concise handbook of ready reference for the busy practitioner.

TRANSACTIONS OF THE HOMŒOPATHIC MEDICAL SOCIETY of the State of New York, for the Years 1880 and 1881. Vol. XVI., pp., 494.

If the members of the profession were aware of the amount of information this volume contains, they would not fail to obtain it, especially when it can be had for a mere pittance.

The officers could present no better inducements to physicians to become subscribers, than by sending a copy of the "Table of contents;" thereby showing the character of the subjects treated in its pages.

"THE JOURNAL OF NERVOUS AND MENTAL DISEASE."

The publishers, Messrs. G. P. Putnam's Sons, desire us to say that this journal, formerly edited by Dr. J. S. Jewell—resigned on account of ill-health—will henceforth be issued by them under the editorial management of Dr. W. J. Morton and an able corps of collaborators, including the late editor. There exists no ground for the statement that the *Journal* will cease to issue. The editor says: "It is hardly necessary to say that the *Journal* represents no clique, school, or party. It will be in the widest sense independent and cosmopolitan. We cordially invite communications from all interested in Neurological Science, and we can promise an absolutely impartial consideration to all." To which sentiment we cordially respond with a hearty amen!

THE HUMAN EAR AND ITS DISEASES; A Practical Treatise upon the Examination and Treatment of Affections of the Ear and Associate Parts; Prepared for the Instruction of Students and the Guidance of Physicians. By W. H. Winslow, M.D., Ph.D. 138 Illustrations. New York: Boericke & Tafel. 1882.

Dr. Winslow has long occupied a high position, not only as oculist and aurist, but as a clear, forcible and able writer. On the announcement of a treatise on his speciality we anticipated a work of a high order of merit. We are not disappointed. Dr. Winslow's book will at once take rank as among the best in any school. The anatomy and physiology of the ear are clearly stated, and all the modern improvements in examination and local treatment given, with illustrations when necessary, to make the text more clear.

The author has the advantage of writers of the old school, in his practical familiarity with their own line of treatment, in not only using their best thoughts in the application of drugs, but in utilizing the vast wealth of our own materia medica, in accordance with the law of similars. If we are not very much mistaken, Dr. Winslow's book will at once find its way into the hands of the advanced thinkers of all schools.

MATERIA MEDICA AND THERAPEUTICS; Arranged upon a Physiological and Pathological Basis. By Chas. J. Hempel, M.D., formerly Professor of Materia Medica and Therapeutics in the Hom. Med. College of Pennsylvania, etc., etc. Third Edition. Revised by the Author, and Greatly Enlarged by the Addition of Many New and Valuable Remedies, Personal Observations, and Numerous Clinical Contributions from Public and Private Sources. By H. R. Arndt, M.D. Vol. II. Chicago: W. A. Chatterton. Pp. 912.

We have only to add to our review of the first volume of this valuable work, that conscientious painstaking is evident to its very conclusion. This work will be found of great service to those who are looking for the first time at the therapeutics of the "New School;" and we surmise a large demand from this source alone. No physician can afford to be without it.

CORRESPONDENCE.

OUR LONDON LETTER.

MESSRS. EDITORS:—The most recent attempt to put a bushel over the light of the medical world has been perpetrated, with not very marked success, by that august body the Royal College of Physicians of London. This is how they did it. On December 27th last, under the Presidency of Sir W. Jenner, they unanimously passed the resolution already published in your Feb. number.

The acknowledged aim of the resolution was to pass a censure on homœopaths. How clumsily it was aimed, and how wide of the mark it fell, your readers may judge. If the college had any extinguishing power left the resolution might have put out the light of not a few specialists of what is called the orthodox faith, but it leaves the homœopaths untouched, and the homœopathic light shines on as before. One good thing it has done. It has given Dr. Dudgeon a text on which he has preached the college three sermons in the shape of letters to the *Lancet*, *Med. Times and Gazette*, and *Med. Press and Circular*, written in his well-known trenchant style. He shows how, with all their labor, they have passed a resolution which is merely a paraphrase of one of the rules of the British Homœopathic Society.

Among the many medical societies of London is one not very large, and not very well known, which is not medical only but religious as well. It is called "The

Guild of St. Luke." It is composed of members of the Church of England who are members of the medical profession, and its object is to discuss medical questions and their relation to moral questions, and to encourage its members in carrying on their professional duties from the highest spiritual motives. The majority of its members belong to the Old School, but they number one or two homeopaths amongst them. For their last meeting, on Jan. 18th, a paper on Homeopathy was announced to be read by an allopath. The homeopathic members consequently invited their friends of the same medical views as themselves to be present, and help in defending the cause. As a consequence, besides two homeopathic members of the Guild, Drs. Landberg and Lang, there were present as guests, Drs. Dudgeon, Pope, Blake, and your correspondent. Great was the disappointment when a letter of apology was read from the gentleman who was to have provided the paper, to say that he could not possibly be present, and his paper was not ready. However, the Provost of the Guild, Dr. Alfred Meadows (with whose name you are doubtless familiar), at whose house the meeting was held, ruled that the discussion should take place nevertheless, and invited any gentlemen present who knew about homeopathy to tell the members of the Guild something about it. Of course it is one thing to discuss a paper, and another to provide a paper, or a speech for discussion, on the spur of the moment, and there was a pause before the courteous invitation of the Provost was accepted. One after another the veteran homeopaths refused to rise, and at last in desperation your correspondent flung himself into the breach. I explained as best I could that homeopathy claimed to be, to some extent, a *rational* system of medicine, as it was based on certain fundamental facts, ascertained by experiment, on which it was possible to reason. I said it was an undeniable fact that drugs given to healthy persons produced derangement of health—diseases, and that these drug diseases bore a close resemblance to the various forms of disease occurring spontaneously in the human organism.

Was there any relation between these two—drug disease, and natural disease? What would the agent which in a healthy body would produce a certain morbid condition do when given to a patient suffering in a similar way from natural causes? It would cure the patient. I mentioned Hahnemann's experiment with *Cinchona* and how he was led to the discovery, and showed the necessity that followed for an entire reconstruction of the *Materia Medica*.

This opened the discussion, and then Mr. Tuler, of the staff of University College Hospital, propounded several questions, and among others asked if a man could not practice homeopathy without separating himself from the general body of the profession, and calling himself a homeopath. Dr. Dudgeon replied that not only was it possible, but it was done every day of the week. The last number of the *Practitioner* recommends *Sulphide of Calcium* in minute doses for scrofulous ophthalmia, which homeopathy had been using and recommending to the profession under the name of *Hepar sulphuris* for the last fifty years. It was impossible to pick up a journal without finding instances of it. The latest and most approved orthodox text books were full of examples, a string of which were quoted by the speaker. He concluded a very effective speech by contesting the right of the dominant school to the title of "orthodox" and "regular" which it arrogated to itself, "being," as he epigrammatically put it, "orthodox without a 'doxy' and 'regular' without a 'rule.'" Homeopathy had a "doxy," a definite teaching, and a rule, and therefore had a right to be called regular and orthodox.

He was followed by Dr. Wood of Twickenham (allopath) who said he had lately found a homeopathic practitioner in his neighborhood, giving *Mercury* and *Iodide of Potassium* in doses as large as he himself would give, and half an ounce of *Castor Oil*. He wanted

to know if that was good homeopathy. With regard to the use of *Ipecac* in vomiting—one of the examples of borrowed homeopathy cited by Dr. Dudgeon—he said that had been employed by the Old School long before homeopathy was thought of. He was met with cries of "date?" which he could not reply to. Dr. Edward Blake followed and showed the homeopathicity of *Mercury* to syphilis, quoting Graves as his authority, and also of *Iodide of Potassium* to the same disease, giving an instance of bubo induced by *Iodine*. The *Castor Oil*, (on being informed that the patient was not suffering from diarrhoea) he admitted was not homeopathic, but he explained that homeopaths were not absolutely tied down to their method, though they found it supremely useful. Drs. Lang and Landberg spoke of the relations between the homeopathic and the general body of the profession. Dr. Pope in a speech of great point and ability, showed the change that had come over the profession towards homeopathy and homeopaths in the last 30 years. He pointed out how the isolated position of homeopaths was not their fault but their misfortune inflicted by the majority, who shut them out from all their societies, and professional intercourse. Dr. Sansom, of the London Hospital, then spoke and made the following statements: That drugs did not produce diseases or anything like them; that if only the clerks in his wards failed to distinguish an illness produced by a drug from a natural disease he should think him unfit for his post; that homeopathy was only of use where symptoms were well marked, and that many of the graver diseases ran their course without producing a single symptom and sometimes ended fatally (!); that the great importance of germs in the causation of diseases was becoming well known, and that homeopathy could not have any effect on germs; that rational medicine was to consider the pathology of a case in the light of its physiology, and then, discarding drugs, to put the patient in the most favorable state for allowing nature's *vis medicatrix* to act; that he remained unconvinced of the good of homeopathy in spite of the remarks made. The Provost then said the time of the meeting had expired, and he must close the discussion. For his part he could see nothing unscientific in the *principle* of homeopathy, though infinitesimal doses were harder to understand and believe in. Years ago he had a correspondence with Dr. Sharpe and had read his "Facts," but he had not been convinced by them. He thought the change of tone, which he rejoiced to see in the profession with regard to homeopathy, was in part due—he spoke under correction—to the abandonment of infinitesimals. He regretted that the subject could not be discussed on purely scientific grounds in the other medical societies of London, but rejoiced that it could be so discussed there, and concluded by announcing that the subject would be continued at the next meeting (Feb. 15) when he hoped the paper expected that evening would be forthcoming, and invited all the visitors present to be present again then. The kindness and courtesy of the Provost were all that could be desired, and I hope to have something further to tell you in my next.

It would seem from the following letter from the *London Daily Press*, that there is a possibility of being too scientific in the practice of our profession. The letter will speak for itself:

"SCIENCE IN THE HOSPITAL."

"To the Editor of the *Daily News*.—It was an old complaint that 'wretches hang that jury men may dine.' Is it possible that in these days of humanity other 'wretches' are left to groan in agonies of disease that medical students may learn? The following extract, in the current number of the *British Medical Journal*, from the clinical lecture of Mr. Jonathan Hutchinson (p. 5) is exceedingly startling, viewed in this light:—'The patient whom we are about to discharge from Talbot ward, cured of severe pemphigus, was admitted for a special purpose. He was sent in by my friend and

former pupil, Dr. Tom Robinson, in order that he might be cured. You will say that the hope of cure is the motive which brings most of our patients to us. True; but in this instance there was something more than this. Dr. Robinson could easily have cured him himself; but he sent him here in order that I might do the miracle of cure under your eyes, and thus claim your belief in the efficacy of drugs. You will remember his state when admitted. He was covered from head to foot with bullæ. The trunk was less severely affected than his limbs and head; on these there was nowhere a space as large as the palm free from bullæ, and on the trunk also was a considerable number. He was in miserable condition from pain and irritation. The eruption had been out about ten days, and it affected the mucous membrane of his mouth as well as the skin. You may remember that we kept him in bed for a few days before we used the magician's wand, in order that all might see that there was no natural tendency to amelioration. More bullæ came out. Then, without making the slightest change in diet, we ordered a few drops of a tasteless solution of arsenic to be swallowed three times a day.

"Some explanation ought to be immediately given to the public of this story, or it will be understood that a man who did not even seek the charity of a hospital, but applied to his physician in the ordinary way, was sent to a hospital by that adviser, and there kept 'for a few days,' in a state described as 'miserable from pain and irritation,' before the recognized remedy was applied to his cure. And why? There is not even a hint that it was for his, the sufferer's benefit; but it is avowed simply and cynically that it was 'in order that all might see that there was no natural tendency to amelioration.' Next to prolonging the illness of a patient for the instruction of medical students would naturally follow the step of inducing some interesting disease for the same object. Are we to expect this kind of devotion to science also in our hospitals?"

"Your obedient servant, Nihil Humani."
Jan. 12, 1882."

In the following issue the editor of the *Daily News* favored his readers with a leader on the subject. Then Mr. Hutchinson answered in a long letter not very much to the point and very unlike his usual clear and weighty style. The gist of it was this. The patient had every attention except the specific during the three days. He always kept patients three days under observation before giving arsenic. The patient himself heard the same comments at the bed-side as were published in the lecture and yet did not complain. Other correspondence followed, and last of all came the next I send you. Poor Mr. Hutchinson may well exclaim, "save me from my friends!"

"SCIENCE IN HOSPITALS."

"To the Editor of the *Daily News*:—Though entirely agreeing with the course Mr. Hutchinson pursued in the matter of the unfortunate patient lately cured of pemphigus, I do not think that the case for the hospital has been logically or candidly submitted to you. The grievance—if grievance there be—all turns, in my opinion, upon the following words of Mr. Hutchinson's lecture: 'He (the patient) was in a miserable condition from pain and irritation . . . we kept him in bed for a few days . . . in order that all might see there was no natural tendency to amelioration.' In his letter to the *Daily News* Mr. Hutchinson, as you justly say, so modifies and qualifies his words as to withdraw them. He does this in a sense, but I do not think he intends to do so. But I would ask Mr. Hutchinson, with sincere respect to his almost unequalled position as a clinical teacher, why need he recede from the attitude which he at first adopted? The words he used in his lecture are in accordance, both in tone and sentiment, with the routine method of hospital practice and of hospital teaching. In acting precisely as he did act, in speaking of the case exactly as he did speak, Mr. Hutchinson only did what

any other clinical teacher would have done. In his lecture there was nothing that any medical man would notice as out of the way. Why defend what from one point of view is not worth defending, what from another point of view ('Nihil Humani's,' for instance) may be incapable of defence? I would suggest that such criticism as that of 'Nihil Humani' can hardly be met with honor to my profession by so distinguished a teacher as Mr. Hutchinson allowing himself to be put on his defence. Would it not be better (from the hospital point of view) if Mr. Hutchinson had adhered to the words of his lecture without modifying them at all; if he had simply pointed out that he was acting in strict accordance with the traditions and morale of the distinguished class to which he belongs; and if he had hinted that 'Nihil Humani's' remedy must lie for the present in pointing out (if he can) a more scientific teacher, a more humane moralist, than the name and position of Mr. Hutchinson imply?"

"I am, Sir, yours obediently,

"Jan. 16."

"Ex-HOUSE-SURGEON."

I will not point out the unconscious humor of this charming production to the countrymen of Artemus Ward. The moral of the whole thing is that we are apt to assume an immaculateness in our devotion to science which even the best of us cannot always lay claim to. There are few nobler men in the profession than Jonathan Hutchinson, and few to whom the profession, and the public through the profession, owe more, yet even he may find himself on the horns of a dilemma. But when the small fry try to help him off, we then see what the "scientifically trained mind" is capable of, when it steps out of its usual beat.

I must congratulate your reader on his general success with my (I regret to say) not very legible calligraphy, but he sometimes makes a slip. In the third paragraph of my letter published in your January issue, I intended to write "*unanimity* does not reign in homeopathic counsels," and it appeared "*immunity*, etc.;" and in the concluding paragraph I borrowed a celebrated phrase of the late Earl of Beaconsfield, "men of light and leading," which appears as "men of light and reading,"—what ever those may be! Yours fraternally,

JOHN H. CLARKE, M. D.

15 ST. GEORGE'S TERRACE,
GLOUCESTER ROAD, S. W. Jan'y, 1882.

UNIVERSITY OF MICHIGAN.

MESSRS. EDITORS:—I see in the February number of your valued journal, you report me "about to return to his (my) old home in St. Louis," etc.

I am at present using my best energies and influence in behalf of this Department, and wish my friends to understand that I shall remain on the outposts, battling for our beloved cause in this University, so long as I am able to do good service here.

I have given no authority to anyone to make such a change as is contemplated by your article, and I trust you will notice my reply, and oblige,

Very truly,

E. C. FRANKLIN.

February 15, 1882.

PARVULES.

MESSRS. EDITORS:—I have heard of people "stealing heaven's livery to fight the devil with," but have never seen a more palpable verification of the fact than we frequently see in these latter days of allopathic progress, in their published catalogues of medicinal preparations. The evolution is hopefully desired, but we insist should be tempered with honesty and truthfulness. "Give the devil his dues," if it is humiliating to one's historical arrogance and presumption. We have just scanned the pages of a pamphlet circular of a respectable allopathic firm, of Philadelphia—manufacturers of drugs and "parvules"—in which they give therapeutic indications

for remedies, dose, etc.; and but for the fact of their denial upon almost every page of any homœopathic tendencies and depravity, we would have taken the publication as emanating from a veritable homœopathic "crank." These manufacturers may not be medical men in every sense, but they evidently "show which way the wind blows"—no demand, no sales; no sales, no *parvules*. But, as I have been a Pharisee of the strictest sect, and, by the immutable laws of nature, evolved into a monad of the invertebrata, had better desist.

Fraternally,

R. H. B.

WATERTOWN, TENN., Feb. 16, 1882.

SOCIETY REPORTS.

NEW YORK STATE HOMŒOPATHIC MEDICAL SOCIETY.

The New York State Homœopathic Medical Society convened in the Court of Appeals room in the new Capitol at 10 o'clock, February 14, the President, Dr. S. H. Talcott, of Middletown, in the Chair, who said substantially: Another year of active toil finds us at its close face to face again and accords us the pleasant privilege of clasping hands with cordial and earnest friends. He extended a sincere New Year greeting to all, and hoped the meeting would be crowded with earnest and progressive work. The National Board of Health had proclaimed that small-pox was epidemic, and the prophylactic of Jenner vaccination was being almost universally resorted to. Some dread the consequences of this preventive, and the question arises "May there not be a better, a safer and a surer prophylactic against this dire scourge?" Who would determine the effects of a remedy like *anti-monium tartaricum* in warding off the approaches of small-pox? Might not that, or some other drug, exercise a beneficent influence in checking the progress of a much-to-be-dreaded epidemic? Might not appropriate remedies act as powerful allies, at least, of the methods of Jenner. Scarlatina and diphtheria were contagious and often fatal diseases. The erection of hospitals for their treatment has been suggested, but would it not be better to consult the mothers of America, and to set apart an upper chamber in every house, where the youthful victims of those diseases may be cared for by the best of nurses in the world—their mothers. If this was adopted, and proper attention paid to plumbing, trapping and drainage, and less to ornamentation, there would be less of diphtheria and typhoid fever to deal with. The investigations in relation to color blindness were commendable and should be continued. A few days ago their old school brethren had voted to consult with the members of the homœopathic school when requested to do so. The old school had placed itself upon ground which had been occupied by the homœopaths for over half a century. The record would show that the homœopaths had never taken a position of antagonism to general and full consultation with any legally qualified physician. We rejoice honestly, said the speaker, over the liberal spirit manifested by those who have in times past opposed us, and in return I think we may say that we stand ready to comply with any demands they may make upon us for consultation in the future. The speaker read an excerpt from the address of President Jacobi, of the old school, last week, in regard to the difference between the two schools, and took exceptions to some of the statements. If the brethren of the old school demanded a high grade of medical attainment and a fulfillment of all the requirements of a high-minded and honorable manhood before associating on equal terms with other physicians, then the homœopaths would acquiesce in such demands because they were just; they would, however, insist upon retaining that liberty of opinion which enabled them to believe in an unquestionable law of nature, whether their associates did or

not. The old school now practically offered to treat with the disciples of Hahnemann. The homœopaths did not desire to appear ungenerous or illiberal, but when they treated with their opponents it will be as an "army with banners," and they would not yield readily to any process of degrading absorption. The march of homœopathy had been one of triumphant progress. When, therefore, its adherents arranged terms with distinguished opponents, these terms must be mutually conciliatory. Each must be willing to offer equal and honorable concessions to the valor, the achievements, and the abilities of the other. "Upon no other terms," concluded the speaker, "can we as lawfully qualified and self-respecting physicians enter into a harmonious coalition with our brethren of the old school—or, in more modern phraseology, the other 'class.'"

The Treasurer reported that \$1,027.23 had been received during the year, and the same amount disbursed, while the liabilities of the Society were \$144.40.

The following were elected honorary members: Dr. R. E. Caruthers, of Alleghany City, Pa.; Dr. Haywood, of Liverpool, Eng.; Dr. J. Gibbs Blake, of England; Dr. S. A. Jones, of Ann Arbor, Mich.; Dr. George B. Peck, of Providence, R. I.; and Dr. O. S. Runnels, of Indianapolis, Ind.

An amendment to the By-Laws was adopted to exempt members who had paid the annual dues to the Society for twenty-five years from further payment.

The Chairman, Dr. A. P. Hollett presented the report of the committee on Medical Societies and Institutions, which went to show that the Homœopathic School of Medicine was in a prosperous condition, and from the numerous acquisitions to our ranks during the year past, there were at least nine hundred and fifty acknowledged homœopathic physicians in the State. They reported 39 auxiliary societies, 17 hospitals, including two of the State Insane Asylums (the Homœopathic State Insane Asylum at Middletown and the Binghamton Asylum for Chronic Insane), 13 dispensaries, 2 medical colleges, and the first State Board of Medical Examiners of the State University, 6 medical journals, The Homœopathic Mutual Life Insurance Co., and The Annual Directory of Homœopathic Physicians. This general report was followed by special reports from quite a number of the institutions enumerated above.

The Secretary read the report of the Necrologist, H. D. Paine, M. D., which reported brief biographies of twelve deceased members.

The afternoon session was devoted to reading and discussing papers in the bureaus of materia medica, etc.

The evening session was held in the Assembly chamber of the new Capitol, at which there was quite a large attendance of ladies and gentlemen. The only business transacted was the delivery of the annual address of the President, Dr. Talcott, of Middletown, and a poem by Prof. W. Tod Helmuth, after which adjournment until ten o'clock this morning was taken.

DR. TALCOTT'S ADDRESS.

At the outset Dr. Talcott thanked the members of the society for the honor conferred by an election to the presidency. He then announced as his subject, "The Past and Present of Medicine." The subject was selected on account of its comprehensiveness, but without any idea on the speaker's part of entering into minuteness of detail. He simply claimed the privilege of hitting any head of wrong, like the Irishman at Donnybrook fair, wherever he saw it. In reviewing the past of medicine, he proposed to touch only some of the century peaks of observation. After having described the stagnant state of medicine as it existed for many centuries, he pointed out the changes which took place in the march of progress, until, at last, the darkness of bigotry was superseded by the light of homœopathy. The first portion of the address consisted of a brief review of the history of medicine, with running comments upon the various phases of medical science as presented by the

most famous advocates and practitioners of the healing art. At first, patients were cured by the production of various and startling effects upon the imagination through the means of astrology, and by incantations and exorcisms. Then external treatment was for a time in vogue. At last, internal medication came to be practiced, the doses varying in size, as they accorded with the moderate teachings of Hippocrates, or the reckless injunctions of Thessalus and Paracelsus.

Blind empiricism in practice was followed, at length, by efforts to study the anatomical structure and physiological functions of the human body. Here light began to dawn in the medical world and with it came renewed zeal on the part of earnest students for the further investigations of chemistry as well as physiology and anatomy, until Hahnemann arose like a giant, and, with brilliant powers, discovered and formulated the law of similars, that medicine assumed the dignity of an art which is based upon practical and natural science. Hahnemann's idea of medicine is expressed most clearly in his own language. In his Lesser Writings he declares: "The knowledge of diseases, the knowledge of remedies and the knowledge of their employment, constitute medicine." The master of the new school, therefore, recognized the necessity for an understanding of both the nature of diseases and the effect of drugs. He regarded "vital force" as the "source of all the phenomena of life and the sphere in which disease begins and medicines act." Disease is a disturbance of "vital force." That disturbance may be temporary and cause only functional derangements, or, it may go on to the production or organic changes of the bodily tissue. Hahnemann's discovery of the law of similars subjected him, on account of its tendency to overthrow the prevailing practices, to slander, ridicule and ostracism. But while he suffered on this account, the world reaped, at last, the benefits of his beneficent work.

The obloquy heaped upon Hahnemann rivaled that which was meted out to Galileo, to Kepler, to Harvey and to Jenner; yet, like all those great discoverers, he now receives the homage of the thinking and the educated masses. The success of Hahnemann's practice drove many of the old school from the active ministrations of medicine to the study of anatomy, physiology and pathology, and to the practice of surgery. The result has been a marked progress in and development of these branches, while at the same time the followers of Hahnemann have brought to light the rich treasures of the materia medica, and the higher possibilities of scientific therapeutics. Competition by workmen engaged upon the same structure has done much for the rebuilding and artistic adornment of the temple of medicine. The influence of homoeopathy now extends far beyond the lines and ranks of its professed followers, as evidenced by changes in general medical practice. The compounding of sixty unknown drugs is no longer regarded as a scientific procedure; heroic practice is being superseded by the "divided dose," since that is now recommended by the best minds in the old school. Giving mixed drugs without a knowledge of their properties or effects as an experiment is but little practiced at the present time, and a knowledge of each individual drug before it is administered is now considered essential.

Two currents of medical knowledge flow side by side; one dark and turbid with the bigotry of the past; the other clear and sparkling with the purity of the present. The brightness of the one will, in time, overpower and subdue the impurities of the other.

Dr. Talcott urged the members of the society to hold fast that which was good, and said, "If, as a society, we would be perpetuated, we must keep ourselves in harmony and alliance with those tenets of medical truth which are immortal." He advocated extending the right hand of fellowship to all who are seeking after truth and to all who would aid in upbuilding the cause. He urged the importance of legislation to the effect that the doors

of admission of the society might be opened to every worthy seeker and honest believer. He said that homoeopathy was a form of practice more readily adopted by the educated, the thinking and the cultured classes, and promulgated the fact that the exponents of this practice should be thoroughly trained and highly cultivated men and women. Students should find no admission to the offices of the homoeopathic practitioners unless they have previously acquired a sound classical education. Then, with such material, medical colleges could turn out good physicians, though the number might be more limited than at present. The natures and characters of medical students should be considered, as well as their educational attainments. He claimed that the profession had had enough of cringing hucksters, prostituting their calling to base ends for filthy lucre; enough of braggarts; enough of those who are overwise in their own conceit. "In the future we want no servile Sampson Brass to belittle and degrade our profession; no Janotus de Bragmardo to trick the public with the sophistry of seeming erudition; no Moses Primrose to destroy the victims of disease with an impractical and blundering pedantry. By such accessions to our ranks of men who are scholarly and honorable, and by such only, can the profession be lifted to its true position in the estimation of mankind." In the future the art of prevention of disease will find its place side by side with the science of curing the sick. Boards of health should be sustained, and each physician should do his duty by warning his clients and aiding them in warding off every threatened danger. Like the participants in the ceremonial races of ancient Greece, each member of the healing art should bear aloft a shining light; that light should be protected from the blast of ignorant opposition, and should be handed down, at last, as "an unextinguished torch, from sire to son."

POEM BY DR. HELMUTH.

The doctor disclaimed all idea of being considered a poet, in the following lines.

My friends, I am booked for a poem, I see,
But what is impossible never can be;
I am only a surgeon and cannot lay claim
To poetical pathos, not even in name.
I may string out some rhymes—but am not a poet,
And before you have finished this sentence, you'll know it.
A poem should be a harmonious strain,
An artistic production of soul and of brain;
A music of words, an adornment of thought,
Embellished by genius and skillfully wrought;
To speak to the senses in language so sweet,
That where the ideal and practical meet,
Is a dim, indistinct, oft invisible line,
Which even the critics can scarcely define.
In fact the old adage in wisdom is laid,
That a poet is born,—he cannot be made;
And when I was ushered, a babe upon earth,
No winged Pegasus stood by at the birth,
But an old Æsculapian fellow who said,
"The baby's a boy—nurse, put him to bed."
I e'en cannot fancy I hold any part
In that newer poetical school of "high art,"
By which all society now is beguiled,
Whose "utterly utter" exponent is—Wilde;
Whose "liquidity liquid" idea seems to be
A laxness of fibre, and a weakness of knee;
Whose dandies all dress in a "limped sage-green,"
And "shrinkingly shrink" at the word "crinoline,"
But bending like willows, droop over their chairs
And sing to the poet such languishing airs,
So "lovingly lovely"—"intensely intense,"
"Con-sum-mate" in every departure from sense.
To look at their postures you'd certainly own,
That somehow or other, arms, legs, and backbone,
By an æsthetic process, "sublimely sublime,"
Having all been deprived of the phosphate of lime,
Could bend to the zephyr's most delicate breath,
And never could stiffen—not even in death.

Ah! no; all my life, up to this very day,
Has been spent in a practical sort of a way,
And when I've attempted to worship the muse,
She would hold out her hand—then smile, and refuse,
And motion me back to the probe and the knife,
Saying, "Cultivate those to the end of your life."
So if you expect any poem from me,
You'll be disappointed as sure as the d—.

WEDNESDAY MORNING SESSION.

Election of Officers.

President—J. J. Mitchell, M.D., Newburgh.
 First Vice-President—E. Hasbrouck, M.D., Brooklyn.
 Second Vice-President—W. B. Kenyon, M.D., Buffalo.
 Third Vice-President—W. M. Butler, M.D., Middletown.

Recording Secretary—A. P. Hollett, M.D., Havana (re-elected.)

Treasurer—Edward S. Coburn, M.D., Troy; (re-elected.)

Censors—Northern district; Drs. A. W. Holden, L. A. Clark and C. J. Farley. Southern district; Drs. John L. Moffitt, C. M. Lawrence and Alfred K. Hills. Middle district; Drs. C. D. Hale, N. B. Covert and G. L. Gifford. Western district; Drs. Chas. Sumner, E. W. Bryan, D. B. Stump.

For the Regent's Degree—Drs. E. D. Jones, C. E. Swift.

Necrologist—A. W. Holden, M.D., Glen's Falls.

Chairman of the Legislative Committees—Dr. S. H. Talcott, of Middletown.

Committee on Legislation—Drs. E. D. Jones, H. M. Paine, Henry Minton, A. P. Hollett.

Chairman of Medical Education Committee—Dr. John F. Gray, of New York.

Chairman of Committee on Medical Societies and Institutions—Dr. A. P. Hollett, of Havana.

Resolutions were adopted instructing the Committee on Legislation to take measures to secure the repeal of the law of 1881, relating to the examination of candidates for degree of Doctor of Medicine, and also to co-operate with the "old school" Medical Society to secure legislation placing the licensing of practitioners in the hands of the Regents of the University.

Dr. Paine's resolution offered a year ago, relative to amending the laws incorporating homœopathic medical societies so as to enable the State society to admit all homœopathic practitioners to membership, was discussed and a resolution was passed directing the legislative committee to secure if possible a change in the law and an amendment to the By-laws was passed, to take effect on the passage of said act, so that candidates can be placed in nomination on the written recommendation of three members of the society.

A resolution relative to the establishment of a department of dynamic medicine, offered by Dr. Paine, was discussed and laid over.

The semi-annual meeting was ordered to be held at Poughkeepsie on the second Tuesday in September.

WISCONSIN SOCIETY MEETING.

(Continued.)

Dr. R. N. Foster's paper elaborated the history, etiology, disinfection, prognosis, prophylaxis, and concluded with the treatment, and was exhaustive of the subject in all its bearings. He said in summing up. Let these points be noted as the essentials of diagnosis:

a. The nervous stupor, which is a stupor of the entire nervous system, and has given name to the disease.

b. The enteric lesion, which is an inflammation of Peyer's and Brunner's glands, to be determined by palpation.

c. The peculiar temperature curve; the pulse rising daily the first week; remaining at the height so attained, with the usual diurnal variation, for the second week; becoming more and more remittent during the third week; and declining by intermissions to the normal state during the fourth week. The diagnosis may be perfected by additional evidence furnished by the usual phenomena of the disease during its course, but the above three points are sufficient to establish an unequivocal diagnosis. Indeed, the temperature curve alone is almost sufficient for that purpose. That and the enteric

lesion can hardly be disputed. But the three together are as nearly invulnerable as we can at present demand. We may have a case of typhoid fever and not know it. We may conclude that we have a case of typhoid fever and not have it. But if we have a case that furnishes us the above three diagnostic elements, we have a case of typhoid fever, and we also know it.

General Treatment.

To this most important department, to perfect which all others must subordinate themselves, I offer my own little method, based necessarily upon a limited experience, as being, whether right or wrong, about as useful a contribution as I can make. It may at least subserve the purposes of comparison, and afford a basis for friendly discussion. The patient ought to be made in all respects as comfortable as possible. This means, quiet, cleanliness, prompt attention to all wants, soothing care of every kind and the absolute exclusion of every annoyance. The room ought to be kept at a temperature that is comfortable for those in attendance. The ventilation should be most thorough, but not exposing. An open fire-place with a little fire in it in the winter season is the best of all systems of ventilation. In warmer weather there need be no difficulty in securing a good supply of fresh air without detriment to the patient. Thirst is usually urgent, especially at first, and I always allow a full supply of pure water. If the thirst is intense and burning, I allow the patient to devour ice *ad libitum*; the effect of which is to moderate the temperature, and to wonderfully increase this comfort. I have never seen any but good results from this use of ice where it was relished. Drinks acidulated with vegetable acids, such as lemonade, currant-jelly water, etc., are sometimes just what the patient wants, when water or ice alone taste bad to him. Fruits should be given freely when they are relished, especially grapes, oranges and apples. It is only in the milder cases that the patient will accept fruits or solid food, or in the stage of commencement or of convalescence, so that they need not be withheld for fear of injury. In a word, I make it a rule to consult carefully the patient's appetite and desires in the matter of diet, and to carefully shun the three "a's," starving, stuffing, and stimulating. In threatened immediate collapse I should employ a stimulant. I have never yet seen one single good reason to depart from this rule, although I follow it watchfully always. When the patient wishes to eat and drink, I permit it. When he does not, I forbid it. Of course, he would in no case be allowed any but plain food, and such as is known to be of easy digestion, and otherwise free from objection. I abjure beef-tea as positively poisonous in every form of enteric inflammation, and chicken-broth as equally hurtful in weak states of the stomach. I revel in mutton-broth, boiled rice, fruits, cod-fish, and other such luxuries. Milk is the great food above them all, where something nutritious is desirable. But all cannot, and some will not, take it. It seems reasonable that there may be a state of the system in typhoid and kindred diseases, where food of any kind is not needed, even for many days. This state is indicated by the utter refusal of the patient to take food, and he is backed by every fibre in his body in his refusal. I think he is right. As I do not think it necessary to purge because the bowels have not moved for a week or two, neither do I deem it necessary to stuff, because the patient has not eaten for a long time. Remember Doctor Tanner! If a good appetite signifies that we may give food, so does no appetite signify that food would be hurtful. At all events I have not yet seen any reason to consider it otherwise, and therefore I study carefully the appetites and desires of my patient, even in typhoid fever, and cautiously comply with them. This rule is as good in other matters as in that of food. It justifies the use of the sponge-bath or the pack as a means of diminishing febrile action and its consequences.

Medicinal Treatment.

We cannot shorten the regular course of typhoid fever by any treatment, any more than we can that of small-pox or scarlatina. But we can moderate the violence of the disease, we can ward off complications, we can possibly prevent relapses, and can prevent protracted convalescence. Not always. Some of our patients will die from the violence of the attack, which is sometimes seen to be fatal, and quickly so, from the beginning. But it is something to be able always to reduce the tendency to a fatal result, always to favor an improved course, always to throw a little weight in the scale of health and life as against that of disease and death. And this something we can do.

In the course of a given case of typhoid fever we may require but two or three remedies, or we may require many, according as the symptoms present with uniformity or in great variety. Whatever the specific condition, it is not for typhoid fever in general that we can or do prescribe, but for the totality of the symptoms present at a given time. When the symptoms change, our medicines change with them and according to them. There is no more rational treatment now known to us.

I will close with the brief mention of a few only of the remedies that I have found most useful.

Gelsemium is the only remedy I know of for the one pure symptom of the fever. Many symptoms depend on this one—this high temperature and rapid (or depressed) pulse—prostration, cephalalgia, general malaise, inclination to sopor. Others follow in due time. But as said before they all depend upon the one symptom or general febrile state, and *Gelsemium* is their *simile*, and is the homeopathic remedy. I use it in drop doses of the second decimal dilution hourly or less frequently when no other remedy is indicated.

Belladonna is only of transient use when the cerebral disturbances peculiar to that drug show themselves. Delirium with burning heat of the head, and mouth and whole body are good indications for its use. I use the third decimal in drop doses.

Arsenicum (the sixth decimal trituration) is often called for in this disease, throughout the whole of the first three weeks. The characteristic thirst, prostration, and diarrhoea are sufficient to show when it is needed.

Apis in the third decimal dilution ranks high as a remedy for conditions frequently encountered in typhoid fever. Scant urine suggests it promptly. So do involuntary stools, and absence of thirst, and a dry tumefied condition of the mucous membranes.

Mercurius solubilis, the third or some higher trituration, is frequently called for by the diarrhoea with its characteristic odor and color, but is seldom needed beyond a few doses. It is when the diarrhoea assumes a serious copiousness and frequency, threatening to exhaust the patient, that this drug seems to do its best work as a moderator.

Baptisia ranks next to *Gelsemium* in importance in the typhoid state. The brown tongue, almost black, dry, and cracked; the profound stupor, the most typical prostration, all indicate this drug before any other. I use it as I do the *Gelsemium*, frequently alternating the two remedies.

Chin. sulph., second or third decimal trituration will do when the tongue is clean, and *Nitric acid* when we meet with the strong smelling urine that distinguishes that drug, for such urine obtains its quality from an hepatic disturbance, and upon the liver this drug acts promptly.

Hyocyanum, *Rhus*, and *Terebinth* may be mentioned also as of some importance in this connection, especially the first named, the nervous disturbances of which are so well marked and peculiar.

Phosphoric acid plays a part during convalescence, and all through the course of the fever *Sulphur* ought to be remembered when things hang fire, as it were, and nothing seems to work as it ought.

These few remedies I have mentioned because they may be classified as remedies for the more general symptoms of uncomplicated cases, and as remedies likely to be required in almost every case. For the special complications occurring in almost every organ in the body, a correspondently special and complicated therapy is of course required. How can it be otherwise? We cannot give one or two, or three remedies, as recommended by Liebermeister, for a hundred widely different conditions, for then the remedy has no relation to the condition. It is true the treatment otherwise becomes very complicated, and sometimes even impossible; but then the symptoms of the disease have become equally complicated, and equally impossible to follow; and we have no resource but to strive to confront them as equally as possible at every turn, by administering remedies that we know have a direct relation to them, by their power to act upon just such structures and to produce similar effects. If the adherents of the old school have found it worth while to study in detail so admirably and so thoroughly all the changes and complications of typhoid fever, has not our school equally good reason for studying in like manner all the changes and complications of drug action, so as to find where in the two sets of phenomena correspond, and how one may be applied for the cure of the other? At all events we are exactly right in making the experiment.

Therefore it happens that we cannot here designate minutely in a few pages the whole treatment of typhoid fever, but can give only the barest outline. For particulars we can only sit down once more to the perusal of our materia medica, where we find not specifics for diseases, not any specific for typhoid fever for example, but undoubted specifics for symptoms and groups of symptoms, such as may present in any case of any fever, and the cure of which in a typhoid fever is just so much gained towards moderating its severity, and saving the patient.

TRANSLATIONS, GLEANINGS, ETC.

HAY-FEVER.—Dr. Bensed, who by means of circular letters addressed to both physicians and laymen throughout the country, obtained the details of several hundred cases of this disease, comes to the following conclusions:

1. Hay-fever is essentially a neurosis—that is, a functional disease of the nervous system.

2. The disease is not due, as has been supposed, to any single specific cause, either animal or vegetable.

All forms of the disease in all countries, whether occurring in the spring, summer, or autumn, and variously known as "rose cold," "peach cold," "June cold," "hay-fever," "hay asthma," "ragweed fever," and "autumnal catarrh," are but manifestations of one disease, for which the most appropriate name is "summer catarrh."

According to Blackley, Zuelzer, Phoebus, Wyman, and others, age and hereditary predisposition have as much influence in its production as atmospheric influences, and perhaps more. Neither the very young nor the very old appear to be affected by it. The tendency to the disease is transmissible from parents to offsprings. It is strictly confined to civilized life, and almost exclusively to those possessing the "nervous diathesis." Moreover, the disease is found to be greatly aggravated by mental influences, especially such as tend to depress or exhaust the nervous system. Hence it appears, the disease is, to a great extent, one of constitutional origin, and not, as is generally supposed, one exclusively local in its nature. It follows, therefore, that vegetable emanations, heat, dust, and the like, are not to be regarded as the sole cause of the affection, but simply as the excitants of a disordered condition of a system, occurring in organizations predisposed to the disease.—*American Observer*, Aug., 1881.

MEDICINAL ERUPTIONS.—Cutaneous eruptions arising from the ingestion of medicinal agents have within the last year received special attention from Van Aarlingen, of Philadelphia, and Murray, of Baltimore, both of whom have collected and published much interesting matter on the subject. Additional evidence of various kinds has been brought forward since their articles, some of which we present:

Chloral Eruption. According to Dr. Martinet, *Thèse de Paris*, this eruption is usually erythematous, not unlike that of scarlatina; more rarely it resembles urticaria or purpura. This erythema affects chiefly the face, neck, front of chest, extensor surface of the larger joints, back of hands, feet, etc. It is apt to appear more particularly after food, or after indulgence in alcoholic liquor. Usually there is no fever, or any general indisposition. It is accompanied by dyspnoea and palpitation of the heart, sometimes of a very intense character. The eruption occurs only in those who are predisposed to it, and seems to be due to vasomotor paralysis.

Furunculosis from Condurango. In the *Viertel Jahr-schrift für Dermatologie*, 1870, Dr. J. E. Guntz states that he observed furunculosis, associated in one case with acute acne of the face, in 20 patients out of a 1,000 who were taking a strong decoction of *Condurango* for syphilis.

Bromide Eruption. A single woman, aged 26, had taken (*Der Prakt. Arzt. in London Med. Record*, 1881) large doses of *Bromide of Potassium* for two years as a remedy for epilepsy. For a year the fits disappeared, but the patient became weak and anemic, with exaggerated leukæmia, and the subject of a skin affection. On both thighs, the mons veneris, the whole hypogastrium, and on both breasts, the skin was moist, abraded, and covered with warty growths, crusts and scabs. Recovery from all these symptoms followed after three or four weeks when the *Bromide* was given up, but the epilepsy returned.

Iodide Eruption. The following case is reported in the *British Medical Journal* in May last:

W. K., aged 30, contracted syphilis some time about Christmas last. He was treated for seven or eight weeks by his medical attendant at Coventry, developing during that period a severe attack of roseola and sore throat. At the end of this time, he was advised by a friend to take *Iodide of Potassium* in water. The quantity of the drug in each dose was four grains. About three hours after taking the first dose he experienced smarting and burning pains about the face, back, neck and arms, and soon observed "a raising up of a lot of hard lumps" in the localities named. He took no more of the medicine during the day, and by the following morning the lumps had entirely disappeared. He again took the medicine, which was followed during the next day by the same train of phenomena. This occurrence took place on several occasions afterwards; the rash invariably appearing whenever he resorted to his *Iodide of Potassium*. *Phila. Reporter*, Aug. 30.

HYGIENIC AND THERAPEUTIC RELATIONS OF HOUSE PLANTS.—There seems to be good reasons for the belief that persons predisposed to phthisis are benefited by living in rooms where house plants are cultivated. In the *Philadelphia Medical Times*, Dr. McClellan reports a case which corroborates the views advanced by Anders. The patient was a man about thirty years of age, whose life had been devoted exclusively to sedentary pursuits. His mother and five sisters had died of phthisis, but he, except a dyspeptic ailment, still seemed healthy. His escape from the disease which destroyed so many of his family is attributed by Dr. McClellan to the fact that he lives, and has lived for seven years, in apartments well stocked with thrifty plants. In some of the English hospitals the effect of plants in the sick-room has been tried with most favorable results.

ON STERILITY.—By Arthur W. Edis, M. D., F. R. C. P. (London.) The fact of many women conceiving within the first year of married life, and then, after an early miscarriage or labor at full term, never again becoming pregnant, was commented on, and an explanation offered. The importance of ascertaining, after a confinement, that the patient had not incurred more than the ordinary penalties of parturition, and that she was left in a fair way to recover her former physiological condition, was insisted on. Even after many years of acquired sterility, a fair proportion of the cases usually met with could be successfully treated, if only pains were taken to ascertain the exact nature and full extent of the injury sustained, and to persevere sufficiently long with treatment. Dr. Beverly Cole (San Francisco) considered that subinvolution was perhaps the most common cause of women being sterile after having one child or one abortion. The causes of subinvolution were numerous—too early getting up, bad digestion, strumous diathesis; the first was a very common cause of subinvolution in America. He had found superinvolution or atrophy of the uterus, more difficult to deal with. He mentioned his usual mode of treating these cases, describing his galvanic pessaries, which consisted of a stem composed of parallel bars of zinc and copper insulated by a thin layer of vulcanite. In thirty cases he had thus built up the uterus from one inch and a quarter to the normal size within three months. Mr. Ross Jordan (Birmingham) had had several cases like Dr. Cole's, which he had treated similarly. Dr. Henry Bennet (Mentone) agreed with Dr. Edis. He mentioned that, at a late census, one million of married people were sterile. The same thing obtained in cattle. It seemed as if a certain portion of the female creation was destined to be unfertile. He believed that frequent sexual intercourse, setting up inflammatory conditions, was unquestionably a cause. He thought prostitutes were generally sterile because they were recruited from the sterile classes. Dr. Cole thought sterility should not all be laid to the charge of the wife, fifteen per cent. of cases being due to the man. Mr. Ross Jordan disagreed with Dr. Bennet as to the prostitutes being mainly sterile women. Prostitutes were generally women who had had one child, but were too severely punished by society for their fault. Dr. Bantock (London) agreed with Dr. Bennet as to sterility in a certain proportion of women. Patients often consulted him about being barren. He promised them cure of any local malady, but told them conception was another question. Dr. Malins (Birmingham) pointed out that Rokitsansky and Grainger Stewart had shown evidences of inflammation in the uterus and its appendages, obstructing the passages, in prostitutes. Dr. Edis, in reply, stated that his paper was rather pointed to the cases of patients asking for help, not to prostitutes, in the cause of whose sterility he quite agreed.—*Proc. Brit. Med. Assn.*

FEEDING NEW-BORN INFANTS.—Dr. Henrietta has sent to the Royal Academy of Medicine in Belgium an article on feeding of new-born infants. He remarks (*Therap. Gaz.*, from *L'Union Médicale*) that infants which refuse the breast and are unable to swallow when fed with a spoon seldom live. Feebleness is the cause, and whatever be the cause of this feebleness, infants deprived of breast milk the first few days after birth are inclined to sleep. The physician should direct his attention to this, for it indicates insufficient nourishment, and which it cannot overcome by itself. Dr. Henrietta puts the infant in a horizontal position on the nurse's lap, and through a small syringe pours through one nostril, drop by drop, the milk of the mother, and if none, cow's milk. Seldom does coughing interfere with feeding in this manner, and infants often live which cannot nurse, and would otherwise die. In a similar manner can be nourished persons with tetanus, fracture of lower maxillary bone, glossitis, etc.

LONGEVITY OF DIPHTHERITIC VIRUS.—The *Allegemeine Wiener Med. Zeitung* publishes a remarkable instance of the length of time the diphtheritic virus may retain its power. The child of a nobleman in the south of Russia, died of diphtheria four years ago. Lately, a new family vault having been built, the remains of the boy were removed to it. Before being finally placed there, the father wished to view the remains once more. To accomplish that purpose an opening was made in the lid of the coffin, and the whole family, including five children, viewed the departed. On the following day all the children were attacked with diphtheria, one dying.

THE METRIC SYSTEM IN SURGERY.—While the faults of the metric system are many, it is perfect for surgical uses, nor can an objection be raised to it in this case, on the ground of infraction of established routine, for in surgery there is no accepted standard to be displaced. In fact, except in the case of urethral instruments, there has been no attempt to indicate actual dimensions of any kind in the numbering of surgical instruments; while the sizes of nearly all appliances in use are purely arbitrary, if not in many instances the result of accident. Metric terms have been for many years universally adopted as part of the language of general science, and surgery can have nothing to lose, but much to gain, by the acceptance of a standard in this respect so truly international.—*Pacific Med. and Surg. Journal*, July, 1881.

ALBUMEN-WATER.—Recommended as a good substitute for milk and beef tea, in cases where those substances disagreed with the patient or could not be obtained. The preparation is largely used by the French. It is made by dissolving the whites of one or more eggs in a pint or two of water, sweetening with glycerine, and flavoring with orange flower water. It may be taken cold and used *ad libitum*. It is an excellent food in typhoid fever and typhoid dysentery.—*Chemist and Druggist*.

RELATION BETWEEN MUSCULAR ACTION AND CONSCIOUSNESS.—Mr. William Cycles, author of "An Inquiry into the Process of Human Experience," claims to have made a careful experimental study of various mental conditions, reverie, attention, etc., and has discovered, he says, that in order for the consciousness to be aroused by means of an impression made through an organ of special sense, the muscular machinery connected with that organ must first be thrown into operation. Thus, if all the muscular machinery of the eye be maintained in perfect repose, there may be visual impression, of course, but there is no consciousness of such impression.

ADMINISTRATION OF ANÆSTHETICS.—The administration of an anæsthetic in a crowded amphitheatre is a piece of inhumanity to the patient. Experience has shown that the crowd of faces and the sight of the instrument about to be used—the horrible paraphernalia—greatly increase the danger of paralysis of the heart.—*Bartholow*.

ABSCESS OF THE MASTOID CELLS FROM THE USE OF THE NASAL DOUCHE.—A paper on this subject (*Canada Lancet*) read before the Toronto Medical Association by Dr. A. M. Rosebrugh, Surgeon to the Toronto Eye and Ear Dispensary, concludes thus: "Let me emphasize the precaution that when the nasal douche is used, first, the forehead should not be inclined forward; second, the bottom of the reservoir should not be higher than the eyebrows; third, the orifice of the nose-piece should not be large; and, fourth, special care should be taken to see that no obstruction exists in either nostril."

CALORIMETRY.—M. d'Arsonval (*Le Prog. Med.*) poured 50 c. c. of ether upon the skin of a rabbit, a quantity scarcely sufficient to modify, by its own evaporation, the general temperature of the animal. The oscillations of the heat curve was considerable; the amount of heat disengaged diminished to one-third, and this thermic decrease lasted several hours. In another case the animal was placed in water at 0°, and after preventing as far as possible the abstraction of heat by evaporation, it was then placed in the calorimeter. Instantly the curve was lowered, but half an hour later it was raised above the normal. In the third case, he covered the skin of a rabbit with a coat of oil, and the thermometric curve, fixed at a regular disengagement of 7 calories per hour (this is the average rate per hour to every kilogram of weight of a dog or cat, the surrounding temperature being at 12 c. or 54 F.), showed a waste of from 18–20 units of heat per hour. (T. M. S.)

GLAUCOMA.—M. Le Fort (*Le Prog. Med.*) has performed with success the following operation on three cases, the pains disappearing and the vision returning within a few hours. An oblique puncture is made between the choroid and sclerotics, with a cataract needle. The needle is then withdrawn in such a manner as to cause a slight gaping of the wound, through which a small quantity of liquid escapes. He believes that the raising of the choroid by this liquid is the cause of the accidents incident to this disease. (T. M. S.)

FATAL RESULT FROM THE APPLICATION OF SAYRES' JACKET.—The patient, a child, suffered from a considerable kyphosis at about the junction of the dorsal and cervical vertebrae. It was restless during the suspension; suddenly the breathing stopped. Immediate tracheotomy showed the trachea free down to its bifurcation, and consciousness could not be restored. The breathing was stertorous, and the child died one and a half hours after the suspension. The autopsy showed a very marked angular curvature of the spine and a very large abscess reaching to the mediastinum. Sonnenburg, *Proceed. of German Surg. Soc., Deutsche Med. Wohnschft.*

SORE NIPPLES. When cracked nipples are not caused by constitutional disease, they should be freely washed with tincture of benzoin. Under this treatment they will generally heal in from five to ten days. The benzoin forms a varnish over the surface of cracks, and this protects them during the act of nursing. The great advantage of the treatment is, that it in no wise interferes with lactation.—*E. M. Jour.*, St. Louis.

BENZOIC ACID IN DIPHTHERIA. (Dr. Chargé, *Biblioth. Homœop.*)—A child one year old, had a very fetid diarrhoea; evacuations frothy, looking like dirty soapsuds; fifteen to twenty stools a day, and it had been so for many days; urine high colored and of a fetid odor; the child was very feeble and badly nourished. It slept very little, either day or night, except when carried in the arms. *Benz. ac.* relieved promptly.

A chronic condition is the field for this drug rather than the acute. The drug is useful for the diarrhoeas of the above type, occurring in intestinal ulcerations and typhoid fevers. Also in the gouty, rheumatic, syphilitic and psoric diatheses.—*Boletín Clínico*. T. M. S.

EPISTAXIS.—*Terebinth*, one dose of 15 or 20 drops, drunk at once in a little sweetened water, will stop the bleeding almost instantly. I have tried it in extreme cases, where the blood was almost colorless, with perfect success.—A. P. Davis, M. D., in *Medical Call*.

COLIC.—Phares (*Jour. des Scien. Med.*) treats colic by turning his patients upside down and holding them thus. The mechanical aid thus gained, in giving vent to the gases, is a most efficient element in the cure,

OBSTETRIC APHORISMS.

Dr. H. Webster Jones, of Chicago, as chairman of the Committee on Obstetrics, closed his report to the Illinois State Medical Society with the following valuable and suggestive sayings. With these as his guide, the practice of the obstetrician of to-day would furnish less work for the gynecologist.

1. An intelligence once thoroughly established between patient and physician does much to banish the terrors of the lying-in room.

2. It is possible to foresee and prevent the appearance of the most fatal form of eclampsia gravidarum.

3. Cleanliness is especially next to godliness, in the case of the accoucheur. Its absence renders one liable to professional homicide.

4. The modern midwifery must not be meddlesome, but must be mediatorial in the sense of palliating suffering, expediting nature's processes by well proven means, and removing scientifically all inexplicable, accidental or morbid states and conditions. Idleness is no longer an approved qualification for a degree of obstetrics.

5. The hand is the best uterine dilator.

6. The forceps should never be employed until the os uteri is dilated or dilatable, and then not unless the membranes have been ruptured and labor delayed unnaturally for at least an hour. Every practitioner should become skillful in their use, and they should never be left at home for fear of temptation.

7. Unnecessary and unavoidable delays in labor are fruitful sources of gynecological practice. They promote inflammation and sepsis.

8. The patient's hopeful confidence, and the physician's industrious attention, actually contribute to the physiological elements of labor. Anesthetics here, are, to say the least, superfluous.

9. Bi-manual aid in effecting the deliverance of the placenta, is not only proper but advisable. Skillfully rendered, the cry of "uterine inversion" becomes no longer a bug-bear.

10. The continuous and intelligent counter-pressure over the fundus uteri during the child's exit, the delivery of the placenta and the period of frequent oscillation, be that a shorter or a longer time, is a safeguard never to be neglected.

11. Pursuant to the same end, the application of the bandage and its continuance, as long as the uterine globe can be felt and embraced by it above the pubis, contributes not only to comfort, but to speedy involution. After the seventh day, close pressure must be interdicted.

12. Puffiness of one ankle, with tenderness of the corresponding groin, and an abnormally quickened pulse, with or without copious sweating, noticed within the first ten days after labor, betoken the presence of phlebitis, and the possibility of embolism or thrombus, and resultant sudden death.

13. The duties of an obstetrician are not excluded until a careful examination, from six to eight weeks after parturition, proves the integrity of all the organs concerned.—*Michigan Medical News.*

DR. S. SNELL (practitioner) has found *Sulphide of Calcium* most useful in strumous ophthalmia, upon grounds which would remind Dr. Roosa of the Transactions of the Homeopathic Ophthalmic and Otological Society. "The mode of administration is in the form of powder; and from one-tenth to one-fourth of a grain of the *Sulphide*, with a few grains of *Sugar of milk*, are given about three times daily." If our friends will try some other of the various medicines which are used specially by homeopaths, it is possible they may find still others that will prove of equal service. This is the proper way to bring the "schools" together.

THE Thirtieth Semi-annual Meeting of the Medical Society of Northern New York will be held at Troy, on Tuesday, April 11, 1882.

THE VALUE OF VACCINATION.—Sanitary Superintendent Day has presented to the Board of Health, to be placed on file, the following statement in regard to the value of vaccination:

"In view of the efforts recently made to throw doubt upon the efficacy of vaccination as a preventive of small-pox, I beg leave to submit the following report of observations made at Riverside Hospital, the statistics of which have been carefully compiled by Drs. Mott and Chapin, physicians in daily attendance:

"During the month of January, 1882, there were admitted to the hospital 166 cases of small-pox in various degrees of severity. During the same period 48 deaths occurred in the institution. Taking no note of the number remaining in the hospital at the beginning or at the end of the month, we find the ratio of deaths to admissions was 28.92 per cent. Of the 166 patients, 85 (51.2 per cent) had been vaccinated, 78 (47 per cent) had not been vaccinated, and of 3 (1.8 per cent) no history in regard to vaccination was obtained. Of the 48 persons who had died only one had been vaccinated, or gave any history or showed any evidence of vaccination; 44 deaths were of the unvaccinated, while of 3 no history was obtained. Of the 83 vaccinated, 77 were of a mild type and none were of the confluent-hæmorrhagic type. Of the 78 unvaccinated, 20 were discrete, 29 semi-confluent, 3 discrete-hæmorrhagic, 7 semi-confluent-hæmorrhagic and 9 confluent-hæmorrhagic.

"With such statistics derived from our daily experience, it seems to me unnecessary to quote figures from the past history of small-pox and vaccination to prove what has been repeatedly shown regarding the efficacy of vaccination.

"E. H. JAMES, M. D.,

"Assistant Sanitary Superintendent."

A TERRIBLE PROSPECT.—Our lively contemporary, the *Philadelphia Medical and Surgical Reporter*, in its notice of certain recent addresses at the British Medical Association, thus touches upon a contingency which may yet mark a turning point for homeopathy in "the tight little island."

"No doubt it was the case of the distinguished patient, Benjamin Disraeli, first Earl of Beaconsfield, that stirred up the feelings of Dr. Bristowe and led him to make a provision for the worst. And what would the worst be? Ah! the London fashionable practitioners have thought of it, but none of them have dared to give this thought its expression. Removed from them by three thousand miles of inhospitable brine, we shall dare to do so. Just suppose that—horrors!—an H. R. H., or—a hundred horrors!—Her Imperial Majesty, should see fit to call in a homeopath, what would the physicians and surgeons in ordinary and extraordinary, and extra-extraordinary do? Could they meet him? Could they refuse to meet him? What! offend the august highness and majestic serenity of the idol of loyalty? Impossible to contemplate it!"

HALLUCINATIONS.—Fournié, in the London International Congress, advocated the view which met with general acceptance that a hallucination was an act of over-vivid memory.

THE N. Y. OPHTHALMIC HOSPITAL reports for Jan.: Prescriptions, 3,865; new patients, 566; patients resident, 22; average daily attendance, 155; largest, 214.

DR. C. S. HOAG has located at Bridgeport, Conn., with Dr. L. H. Norton, and Dr. Addison Morgan succeeds Dr. Hoag at Waterbury, Vt.

DR. C. S. VERDI has located in Florence, Italy, and our friends should bear him in mind, in referring patients.

